

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**


07-30-2003 90069 037 \*\*\*\*70.00  
 08-07-2003 90119 009 \*\*\*480.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

7/1

**DOCUMENT # P00000107785**

1. Entity Name  
**NORTH STATE TITLE SERVICES, INC.**



Principal Place of Business  
**3055 CRAWFORDVILLE HWY  
 CRAWFORDVILLE FL 32327**

Mailing Address  
**3055 CRAWFORDVILLE HWY  
 CRAWFORDVILLE FL 32327**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Zip Country

4. FEI Number **59-3867007**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YOPE, KAREN HOPE  
 3055 CRAWFORDVILLE HWY  
 CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 - Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	YOPE, FRANK J	
STREET ADDRESS	457 HUNTER'S TRACE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VS	<input type="checkbox"/> Delete
NAME	YOPE, KAREN HOPE	
STREET ADDRESS	457 HUNTER'S TRACE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** Date: 7/29/03 Daytime Phone #: 850-926-3939

CR2E034 (4/03)