

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90109 031 \*\*\*150.00

**DOCUMENT # P01000004763**

**1. Entity Name**  
**ACCURATE TITLE SERVICES, INC.**



**Principal Place of Business**  
**1695 W. INDIAN TOWN RD.**  
**SUITE 29**  
**JUPITER FL 33458**

**Mailing Address**  
**1695 W. INDIAN TOWN RD.**  
**SUITE 29**  
**JUPITER FL 33458**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **36-4440890**

**Applied For**  
**Not Applicable**

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

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**YORE, E. MICHAEL**  
**3545 S. OCEAN BOULEVARD, #705**  
**S. PALM BEACH FL 33480**

**7. Name and Address of New Registered Agent**

**Name** **GAYLE M. DIXON**  
**Street Address (P.O. Box Number is Not Acceptable)** **1695 W. INDIAN TOWN RD.**  
**#29**  
**City** **JUPITER** **FL** **Zip Code** **33458**

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

**SIGNATURE** **GAYLE M. DIXON** **3-24-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**TITLE** **PSD** ☒ **Delete**  
**NAME** **SANCHEZ, SHEILA**  
**STREET ADDRESS** **POST OFFICE BOX 185**  
**CITY-ST-ZIP** **BOYNTON BEACH FL 33425**

**TITLE** **VTD** ☒ **Delete**  
**NAME** **YORE, E. MICHAEL**  
**STREET ADDRESS** **3545 S. OCEAN BLVD.**  
**CITY-ST-ZIP** **S. PALM BEACH FL 33480**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PRES** ☒ **Change** ☐ **Addition**  
**NAME** **GAYLE M. DIXON**  
**STREET ADDRESS** **1695 W. Indian town Rd #29**  
**CITY-ST-ZIP** **Jupiter FL 33458**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ **Change** ☐ **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** **3-24-03** **561-745-3253**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)