

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90117 033 ***150.00

DOCUMENT # P01000008990

1. Entity Name
REVERE TITLE & TRUST, INC.



Principal Place of Business
**3426 W KENNEDY BLVD
TAMPA FL 33609**

Mailing Address
**3426 W KENNEDY BLVD
TAMPA FL 33609**

22001318



2. Principal Place of Business
3630 W. Kennedy Blvd.

3. Mailing Address
3630 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

4. FEI Number **59-3754330**

Applied For

Not Applicable

Zip
33609

Country
USA

Zip
33609

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHECHT, NEIL S

**3426 W KENNEDY BLVD
TAMPA FL 33609**

**3630 W. Kennedy Blvd.
Tampa, FL 33609**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCHECHT, NEIL S**
STREET ADDRESS **3426 W KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3630 W. Kennedy Blvd.**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 lists empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03
Date

813-353-9500
Daytime Phone #

CR2E034 (10/02)