

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

03-05-2002 90090 041 ***158.75

DOCUMENT # P01000022289

1. Entity Name

AFFINITY TITLE INSURANCE AGENCY, INC.

Principal Place of Business

440 COLUMBIA DRIVE #300
WEST PALM BEACH FL 33409

Mailing Address

440 COLUMBIA DRIVE #300
WEST PALM BEACH FL 33409

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

65-1078746

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY, DAVE K
440 COLUMBIA DRIVE #300
WEST PALM BEACH FL 33409

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/19/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

D ☐ Delete
ROY, DAVE K
440 COLUMBIA DRIVE #300
WEST PALM BEACH FL 33409
☐ Change ☐ Addition
D ☐ Delete
SACCARO, RICHARD
440 COLUMBIA DRIVE #300
WEST PALM BEACH FL 33409
D ☐ Delete
MACALUSO, LOUIS J
440 COLUMBIA DRIVE #300
WEST PALM BEACH FL 33409
☐ Change ☐ Addition
D ☐ Delete
CHIANETTA, PHILLIP
440 COLUMBIA DRIVE #300
WEST PALM BEACH FL 33409
☐ Delete
CHIANETTA, PHILLIP
440 COLUMBIA DRIVE #300
WEST PALM BEACH FL 33409
☐ Change ☐ Addition
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13. 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 of 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/01)