

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO10000028337**

1. Entity Name

Allied Title Co. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17445 US Highway 192

3. Mailing Address

Suite, Apt. #, etc.

Suite 6

Suite, Apt. #, etc.

Same

City & State

Clermont, FL

City & State

Same

Zip

34711

Country

USA

Zip

34711

Country

USA

4. FEI Number

59-3705779

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegel + Utrera PA

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

343 Almeria Ave

City

Coral Gables

FL

Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$51.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**President, UP, Sec, Treas
Kathleen E Young
17445 US Highway 192, Suite 6
Clermont, FL 34711**

TITLE
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CITY- ST- ZIP

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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)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen E Young Kathleen E Young 4-17-2002 352-2418274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034E (12/01)