

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90040 050 ***150.00

0046136 AV

DOCUMENT # P01000029021

1. Entity Name

FMB TITLE INSURANCE AGENCY, INC.

Principal Place of Business

**200 E. WASHINGTON ST.
 MONTICELLO FL 32345-1952**

Mailing Address

**200 E. WASHINGTON ST.
 MONTICELLO FL 32345-1952**

2. Principal Place of Business

2626 MAHAN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2626 MAHAN DRIVE

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip **32308**

Country

USA

City & State

Tallahassee, Florida

Zip

32308

Country

USA

4. FEI Number

59-3706396

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

LESTER, SAM ESQ.

**200 E. WASHINGTON ST.
 MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name

SAM LESTER ESQ.

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

2626 MAHAN DRIVE

City

Tallahassee

FL

Zip Code

32308

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

SAM LESTER, ESQ.

Sam Lester

1/15/02

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **CARRAWAY, F.W. JR**
 STREET ADDRESS **2626 MAHAN DR.**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete
 NAME **CARRAWAY, F. WILSON III**
 STREET ADDRESS **1313 E. JACKSON ST.**
 CITY-ST-ZIP **THOMASVILLE FL 31792**

TITLE **DP** ☐ Delete
 NAME **WRIGHT, L. GARY**
 STREET ADDRESS **200 E. WASHINGTON ST.**
 CITY-ST-ZIP **MONTICELLO FL 32345-1952**

TITLE **DST** ☐ Delete
 NAME **SIMS, R. MICHAEL**
 STREET ADDRESS **200 E. WASHINGTON ST.**
 CITY-ST-ZIP **MONTICELLO FL 32345-1952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
 CITY-ST-ZIP

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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/02

Daytime Phone #

997-2591

11/9/02 12:00 PM