

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91147 047 ***150.00

DOCUMENT # **PD1000044852** ✓
1. Entity Name
ABLE TITLE PROFESSIONALS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
720 GOODLETTE RD. N.
Suite, Apt. #, etc.
SUITE 304
City & State
NAPLES, FL
Zip
34102 Country
USA

3. Mailing Address
720 GOODLETTE RD. N.
Suite, Apt. #, etc.
SUITE 304
City & State
NAPLES, FL
Zip
34102 Country
USA

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4. FEI Number
60-0000493 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARCEL SHAPIRO
Street Address (P.O. Box Number is Not Acceptable)
720 GOODLETTE RD. N.
SUITE 304
City
NAPLES FL Zip Code
34102

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. (NO IL: Registered Agent signature required when reinstating) DAIL

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 \$100.00
After May 1, Fee is \$500.00
Amended UBR is \$61.25
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
MARCEL SHAPIRO
720 GOODLETTE RD. N., STE. 304
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Marcel Shapiro**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **(941) 649-8050**
Date Daytime Phone #

CR2034B (12/01)