

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2002 90089 001 ***150.00

0492485 AV

DOCUMENT # P01000046354

1. Entity Name

TRADEWINDS DISCOUNT TITLE INSURANCE AGENCY, INC.

TRADEWINDS TITLE, INC.

Principal Place of Business

**348 EASTON COURT
 LEHIGH ACRES FL 33972**

Mailing Address

**348 EASTON COURT
 LEHIGH ACRES FL 33972**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

904 Lee Blvd.

Suite, Apt. #, etc.

106

3. Mailing Address

904 Lee Blvd.

Suite, Apt. #, etc.

106

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

4. FEI Number

65-1104670

Applied For

Not Applicable

Zip

33936

Country

USA

Zip

33936

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENZIES, ROBERT G
 850 PARK SHORE DRIVE
 THIRD FLOOR
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

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)

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 **P** ☐ Delete
 NAME **REGAS, PATRICIA A**
 STREET ADDRESS **348 EASTON COURT**
 CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, VP, T, S** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(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:

Patricia A. Regas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/02 (239) 369-2178
 Date Daytime Phone #

CR2E034 (9/01)