

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90151 025 ***158.75

DOCUMENT # P01000058543

1. Entity Name
ATTORNEYS TITLE COMPANY



Principal Place of Business
**1017 N. 12TH AVE.
PENSACOLA FL 32501**

Mailing Address
**1017 N. 12TH AVE.
PENSACOLA FL 32501**

2. Principal Place of Business
4457 Bayou Boulevard

3. Mailing Address
4457 Bayou Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

4. FEI Number
59-3736798

Applied For
Not Applicable

Zip
32503

Country

Zip
32503

Country

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

6. Name and Address of Current Registered Agent

**SAPP, DAVID A
1017 N. 12TH AVE.
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **David A. Sapp**
Street Address (P.O. Box Number is Not Acceptable)
4457 Bayou Boulevard
City **Pensacola** **FL** Zip Code **32503**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **SAPP, DAVID A** ☐ Delete
STREET ADDRESS **1017 N. 12TH AVE.**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **PD** ☒ Change ☐ Addition
NAME **Sapp, David A**
STREET ADDRESS **4457 Bayou Boulevard**
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

1/30/03

Date

850-475-0500

Daytime Phone #

CR2E034 (10/02)