## 2002 UNIFORM BUSINESS REPORT (UBR)

HOUSE CONSTRUCTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P01000073841  1. Entity Name TRUE TITLE SERVICES, INC.					FILED Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90397 003 ***150.00			
Principal Place 4518 MUIRFIE BRADENTON		Mailing Address 4518 MUIRFIELD DRIVE BRADENTON FL 34210		   				
<i>3651</i> Suite, Apt.	Place of Business  Cortez Road West  #, etc.  2 300	3. Mailing Address 3651 Cortez Road West Suite, Apt. #, etc. Suite 300						
City & Stat	lenton FL	City & State Bradenton		4. FEI Nu 65	mber - 1128650	No	oplied For ot Applicable	
3421	O Country USA  6. Name and Address of Current R	34210	Country USA		ate of Status Desired [	Fee Require		
BORTONE, MARGARET A 4518 MUIRFIELD DRIVE BRADENTON FL 34210			Street Addre	Street Address (P.O. Box Number is Not Acceptable) 3651 Cortez Road West  Suite 300  City Bradenton  FL Zip Code 342/0				
SIGNATURE .  9. This corporate filing a	Signature, typed of inted fame of registered agent an orration is eligible to satisfy its Intangible requirement and elects to do so.	d title if applicable. (NOTE:	Registered Agent signature rec FEE IS \$150.00 2 Fee will be \$550.0	quired when reinstating	4	°	00 May Be	
11.	OFFICERS AND E		12.		NS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORTONE, MARGARET A 4518 MUIRFIELD DRIVE BRADENTON FL 34210	☐ Delete	NAME B	518 Mülir	nargaret A. field Drive	<b>☑</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONG, LISA A 310 40TH STREET COURT N.W. BRADENTON FL 34209	☐ Delete	NAME M STREET ADDRESS 3	ONG LIS	TREET COURT NO	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	-~ ⁻☐ Delete	NAME GO	SETHE,	IN, FL 3Y209 T TEFFREY S. AUENUE WES TON, FL 34205		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empov , or on an attachment with an address, wi	rue and accurate and that my vered to execute this report as	signature shall have t	the same legal e	ffect as if made under oath;	that I am an officer	or director	