

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

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90369 004 ***150.00

DOCUMENT # PO10000077042
1. Entity Name
R + G Title, Inc. ✓

DO NOT WRITE IN THIS SPACE

752197

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>13700 Park Blvd</u>		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>Seminole, Florida</u>		City & State 	
Zip <u>33776</u>	Country <u>USA</u>	Zip 	Country
4. FEI Number <u>59-3736220</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert H. Willis Jr.
Street Address (P.O. Box Number is Not Acceptable)
259 3rd St N.
City St Pete FL Zip Code 33701

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

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	<u>Pres, Treasurer</u> <u>Ann Rogers</u> <u>13700 Park Blvd</u> <u>Seminole FL 33776</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Sec, Dir</u> <u>Phyllis Graves</u> <u>13700 Park Blvd, Seminole</u> <u>FL 33776</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 another, like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

Daytime Phone #

CR2E034B (12/01)