

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90704 017 ***150.00

DOCUMENT # P01000079451

1. Entity Name

TITLEMARK, INC.

Principal Place of Business

1514 1/2 EAST 8 AVE.

SUITE 4

TAMPA FL 33605

Mailing Address

1514 1/2 EAST 8 AVE.

SUITE 4

TAMPA FL 33605

2. Principal Place of Business

215 E. DAVIS Blvd.

Suite, Apt. #, etc.

Suite A.

City & State

Tampa, FL

Zip

33606

Country

3. Mailing Address

215 E. DAVIS Blvd.

Suite, Apt. #, etc.

Suite A.

City & State

Tampa, FL

Zip

33606

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1136081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKS, HENRY W

1514 1/2 EAST 8 AVE.

SUITE 4

TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

215 E. DAVIS Blvd.

Suite A.

City

Tampa

FL

Zip Code

33606

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

4-29-02

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
Henry W. Hicks
215 E. DAVIS Blvd, Suite A

☐ Delete

CITY-ST-ZIP

Tampa, FL 33606

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

HENRY W. HICKS

4-29-02

813-258-8291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)