## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P01000093318

1. Entity Name

ALL STATE TITLE, INC.



Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90298 005 \*\*\*150.00

FILED

Principal Place of Business 27 E. OCEAN BLVD. STUART FL 34994

Mailing Address 27 E. OCEAN BLVD. STUART FL 34994

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

60006996 

DATE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 71-0880247 Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7." Name and Address of N

GEARY, CHARLES E 27 E. OCEAN BLVD. STUART FL 34994

**SIGNATURE** 

Name				-				
	_							
Street Address (P.O. Bo	x Number is Not Acce	eptable)			·_			
				-		_		
City	<del></del>							

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

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State 10. 3 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE NAME GEARY, CHARLES E [ ] Change CR2E034 (10/02) Addition NAME 27 E OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP TITLE C7 Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplier windicated on this report or supplemental epot n this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee e changed, or on an attachment with an addre

SIGNATURE: