

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90677 038 ***150.00

DOCUMENT # P01000100072

1. Entity Name
PALM BEACH TITLE SERVICES CORP.



Principal Place of Business
7711 MILITARY TRAIL
PALM BEACH GARDENS FL 33410

Mailing Address
7711 MILITARY TRAIL
PALM BEACH GARDENS FL 33410



2. Principal Place of Business

7731 N. Military Trail
Suite 4

3. Mailing Address

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

Palm Beach Gardens, FL

City & State

Zip
33410

Country

Zip

Country

4. FEI Number **65-1145125**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VON HOFFMANN, KIMBERLY
6416 WILLOUGHBY CIRCLE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name **Kimberly von Hoffmann**

Street Address (P.O. Box Number is Not Acceptable)
15131 82nd Terrace North

City **PBG** **FL** **Zip Code** **33418**

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

Kimberly von Hoffmann

(NOTE: Registered Agent signature required when reinstating)

DATE **3/11/03**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **TURULL, JANE P**
STREET ADDRESS **6216 DANIA STREET**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **V** ☒ **Delete**
NAME **WARREN, ANDREA L**
STREET ADDRESS **780 COTTONBAY DRIVE WEST, APT. 1210**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **S** ☐ **Delete**
NAME **VON HOFFMANN, KIMBERLY**
STREET ADDRESS **6416 WILLOUGHBY CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **T** ☐ **Delete**
NAME **VON HOFFMANN, KIMBERLY**
STREET ADDRESS **6416 WILLOUGHBY CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P,T** ☒ **Change** ☐ **Addition**
NAME **Kimberly von Hoffmann**
STREET ADDRESS **15131 82nd Terrace North**
CITY-ST-ZIP **PBG, FL 33418**

TITLE **V, S** ☒ **Change** ☐ **Addition**
NAME **Jane Turull**
STREET ADDRESS **249 Sweet Bay Circle**
CITY-ST-ZIP **PBG Jupiter, FL 33458**

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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:

Kimberly von Hoffmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03
Date

561-721-3450
Daytime Phone #

CR2E034 (10/02)