

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90028 035 ***158.75

DOCUMENT # P01000106323

1. Entity Name

ALL REAL ESTATE TITLE SERVICES, INC.



Principal Place of Business

**6115 N. ARMENIA AVE.
TAMPA FL 33604**

Mailing Address

**6115 N. ARMENIA AVE.
TAMPA FL 33604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3755000

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANDIS, BRENDA R
6115 N. ARMENIA AVE.
TAMPA FL 33604**

Name

BRENDA R. LANDIS

Street Address (P.O. Box Number is Not Acceptable)
19502 COACHLIGHT WAY

City

LUTZ

FL

Zip Code

33549

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 **BRENDA R. LANDIS (PRESIDENT/DIRECTOR)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

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
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LANDIS, BRENDA R**
STREET ADDRESS **6115 N. ARMENIA AVE.**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **P** ☐ Delete
NAME **LANDIS, BRENDA R**
STREET ADDRESS **6115 N. ARMENIA AVE**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **D** ☐ Delete
NAME **LANDIS, JAMES M**
STREET ADDRESS **19502 COACHLIGHT WAY**
CITY-ST-ZIP **LUTZ FL 33549**

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

TITLE **S** ☐ Delete
NAME **BOYD, MICHELE**
STREET ADDRESS **4032 LAND O LAKES BLVD**
CITY-ST-ZIP **LAND O LAKES FL 14639**

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

TITLE **T** ☐ Delete
NAME **GERMINO, GABRIELLE**
STREET ADDRESS **6115 N ARMENIA AVE**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE ☐ Delete
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:

Brenda R. Landis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/03

813

294-3465

Daytime Phone #

CR2E034 (10/02)