

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90208 037 ***150.00

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DOCUMENT # P02000020926

1. Entity Name
AMERICAN LAND TITLE, INC.



Principal Place of Business
**4529 WHITE POINT COURT
NICEVILLE FL 32578
US**

Mailing Address
**4529 WHITE POINT COURT
NICEVILLE FL 32578
US**

2. Principal Place of Business

P.O. Box 1244

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1244

Suite, Apt. #, etc.

City & State

DESTIN, FL 32540

City & State

Destin, FL 32540

Zip

32540

Country

USA

Zip

32540

Country

USA

4. FEI Number

41-2030993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VIOLETTE, MARK A
4529 WHITE POINT COURT
NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name **Violette, MARK A.**
Street Address (P.O. Box Number is Not Acceptable)
125 Main Street
City **Destin** **FL** Zip Code **32541**

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

Mark Violette

4-30-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **PS** ☐ Delete
NAME **VIOLETTE, MARK A**
STREET ADDRESS **4529 WHITE POINT COURT**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **VT** ☐ Delete
NAME **SCHOTT, WARREN**
STREET ADDRESS **31 JAMES DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Mark Violette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

850-654-0041

Date

Daytime Phone #

CR2E034 (10/02)