

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 15 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300019183143

05/16/03--01066--003 \*\*71.25



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000045618

1. Entity Name  
THE TITLE COMPANY OF JACKSONVILLE, INC.



Principal Place of Business  
1670 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

Mailing Address  
1670 ATLANTIC BLVD  
JACKSONVILLE, FL 32207

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

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

DENNIS L PRATT, PA  
10450 SAN JOSE BLVD STE 3  
JACKSONVILLE, FL 32207

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent's signature required when initiating)

DATE

FILE NOW!!! FEE IS \$160.00  
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 BLOCKER, EILEEN G  
STREET ADDRESS 1670 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

☐ Change ☐ Addition  
300019183143  
05/16/03--01066--004 \*\*78.75

TITLE D ☒ Delete  
NAME PRATT, DENNIS L  
STREET ADDRESS 10450 SAN JOSE BLVD STE 3  
CITY-ST-ZIP JACKSONVILLE, FL 32223

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
K5P  
6/15/03

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: *Eileen Blocker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

904 348-5665

Date

Daytime Phone #

CR2E034 (10/02)