

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

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90045 029 ***150.00

DOCUMENT # <u>702000064254</u>
1. Entity Name
NORTH AMERICAN TITLE AGENCY OF FLORIDA, INC

40017672

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O DEBRA WINKS 440 WARD ST		3. Mailing Address 6259 RT 31	
Suite, Apt. #, etc. <u>Deborah</u>		Suite, Apt. #, etc.	
City & State OAK HILL FL		City & State CICERO NY	
Zip 32759	Country <u>Volusia</u>	Zip 13039	Country <u>Onon.</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2370781		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Deborah</u>	
DEBRA WINKS	
Street Address (P.O. Box Number is Not Acceptable) 440 WARD ST	
City OAK HILL	FL
Zip Code 32759	

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 Deborah Winks Deborah Winks 2-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PRES	NAME KEITH DELIBERTO
STREET ADDRESS 8231 DAISY FIELD PATH	CITY-ST-ZIP CLAY NY 13041
TITLE V-PRES	NAME SHERRI A MEYERS
STREET ADDRESS 6256 ADDISON LOOMIS	CITY-ST-ZIP CICERO NY 13039
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #