

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90029 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000064254

1. Entity Name

NORTH AMERICAN TITLE AGENCY OF FLORIDA, INC

DO NOT WRITE IN THIS SPACE

60007225

2. Principal Place of Business
6259 RT 31

3. Mailing Address
6259 RT 31

Suite, Apt. #, etc.
400 WARD ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
OAK HILL FL

City & State
CICERO, NY

4. FEI Number
52-2370781

Applied For
Not Applicable

Zip Country
32759 US

Zip Country
13039 US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DEBRA WINKS

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

City State Zip Code
OAK HILL FL 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

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

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 NAME STREET ADDRESS CITY-STATE-ZIP
PRES KEITH DELIBERTO 8231 DAISY FIELD PATH CLAY, NY 13041

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
V-PRES SHERRI A MEYERS FERGUSON RD CICERO, NY 13039

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE Keith Deliberto KEITH DELIBERTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**