

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90012 030 ***150.00

DOCUMENT # **P0200064254**

1. Entity Name

NORTH AMERICAN TITLE AGENCY OF FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 WARD ST

3. Mailing Address

6259 RT 31

Suite, Apt. #, etc.

Suite, Apt. #, etc.

40019345

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

32759

Country

US

Zip

13039

Country

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

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

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

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES
KEITH DELIBERTO
8231 DAISY FIELD PATH
CLAY NY 13041

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V-PRES
SHERRI A MEYERS
FERGUSON RD
CICERO NY 13039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/08

Daytime Phone #