

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # PO2000064254	
1. Entity Name NORTH AMERICAN TITLE AGENCY OF FLORIDA, INC	

FILED

2009 FEB 13 P 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business 400 WARD ST Suite, Apt. #, etc.		3. Mailing Address 5768 CRABTREE LANE Suite, Apt. #, etc.	
City & State OAKHILL FL		City & State CICERO NY	
Zip 32759	Country US	Zip 13039	Country US
4. FEI Number 52-2370781		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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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	Zip Code 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-ST-ZIP	PRES KEITH DELIBERTO 8231 DAISY FIELD PATH CLAY NY 13041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRES SHERRI WERCHINSKI 309 BARRETT LN BRIDGEPORT NY 13030
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	700143593207 02/13/09--01039--007 W*150.00
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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:  KEITH DELIBERTO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/29/09 315-752-0050
Date Daytime Phone #