

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1/15

FILED
Feb 10, 2003 8:00 am
Secretary of State

01-15-2003 90167 011 ***150.00

DOCUMENT # P02000064790



1. Entity Name
FLORIDA TITLE SERVICES, INC.

Principal Place of Business
**2420 E. ENTERPRISE RD. STE 105
CLEARWATER FL 33763**

Mailing Address
**2420 E. ENTERPRISE RD. STE 105
CLEARWATER FL 33763**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3471427

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIMMET, ALAN S. ESQ.
SIMMET, UNICE, SALZMAN & FELDMAN, P.A.
2650 MCCORMICK DR, STE 100
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BUCKNER, WILLIAM	610 COBIA WAY	OLDSMAR FL 34677	<input type="checkbox"/>
D	QUEEN, GARY	2915 STATE ROAD 590, STE 21	CLEARWATER FL 33759	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 filers prepared.

SIGNATURE:

SIG [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)