

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90445 029 ***150.00

DOCUMENT # P02000105896

1. Entity Name
ATA TITLE AGENCY, INC.



Principal Place of Business
**419 US HIGHWAY 1
UNIT 111
NORTH PALM BEACH FL 33408**

Mailing Address
**419 US HIGHWAY 1
UNIT 111
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

11911 US Highway 1

Suite, Apt. #, etc.

Suite 201

3. Mailing Address

11911 US Highway 1

Suite, Apt. #, etc.

Suite 201

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

PALM BEACH

Zip

33408

Country

PALM BEACH

4. FEI Number

EIN-11-3681935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'NEILL, THOMAS
419 US HIGHWAY 1
UNIT 111
NORTH PALM BEACH FL 33408**

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

Thomas P. O'Neill (THOMAS P. O'NEILL)

4/11/03

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
**D
O'NEILL, THOMAS
419 US HIGHWAY 1 #111
NORTH PALM BEACH FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MACALUSO, LOUIS J
5 ST. JOHN STREET
LITTLE FERRY NJ 07643** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHIANETTA, PHILIP A
149 5TH STREET
RIDGEFIELD PARK NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Thomas P. O'Neill **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

561-630-3910

Daytime Phone #

CR2E034 (10/02)