

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

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1. Entity Name
TITLEBIZ INC.



Principal Place of Business
28051 US HWY 19 NORTH
#F
CLEARWATER FL 33761
US

Mailing Address
28051 US HWY 19 NORTH
#F
CLEARWATER FL 33761
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-1057997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRK, DENISE
28051 US HWY 19 NORTH
#F
CLEARWATER FL 33761

~~28051 US HWY 19 NORTH~~
~~CLEARWATER FL 33761~~
2126 Palmer St
ORLANDO, FL
32803

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

Denise L. Kirk

DENISE L. KIRK

4/24/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KIRK, DENISE
STREET ADDRESS 28051 US 19 N # F
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VST
NAME Denise KIRK
STREET ADDRESS 2126 Palmer St
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VST
NAME KIRK, MICHAEL
STREET ADDRESS 28051 US HWY 19 N # F
CITY-ST-ZIP CLEARWATER FL 33761

TITLE President
NAME Michel KIRK
STREET ADDRESS 50 ORCHARD COURT
CITY-ST-ZIP Palm Harbor, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise L. Kirk

DENISE L. KIRK

4/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)