

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

FILED

03 OCT -8 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000107675

1. Entity Name

OSCEOLA TITLE INSURANCE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1009 Verona Street

3. Mailing Address

1009 Verona Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. Fed. Number

06-1657232

X Applied For
Not Applicable

Zip
34741

Country
USA

Zip
34741

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Marianne Conerly

Street Address (P.O. Box Number is Not Acceptable)
1009 Verona Street

City
Kissimmee FL Zip Code
34741

**DO NOT WRITE
IN THIS SPACE**

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

Marianne Conerly

10/6/03

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-STATE-ZIP	President/Director Marianne Conerly 1009 Verona Street Kissimmee, FL 34741	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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(2)(b), 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 Item 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marianne Conerly

10/6/03

407-847-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E034B (12/02)

Osceola Title Insurance Agency, Inc.

Marianne Conerly, President

1009 Verona Street, Kissimmee, FL 34741

*407-847-4077 * 407-847-4393 Fax*

E-mail address: mconerlyosctitle@cfl.rr.com

October 6, 2003

Division of Corporations
(Reinstatement)
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Uniform Business Report (Doc Number P02000107675)
Reinstatement and request to waive \$600.00 penalty
Copy of Corporate Status

Gentlemen:

Enclosed please find my check in the amount of \$150.00 representing the filing fee.

Please be advised that I never received your UBR Report form. I created this company last year and changed the name February 5, 2003 to Osceola Title Insurance Agency, Inc. My business location is 1009 Verona Street, Kissimmee, FL 34741. The corporation physically and officially commenced occupation/operation on April 1, 2003.

-The prior company which occupied this address, Florida Professional Title, Inc., continued to wind down business after April 1st with my ex-partner opening her office at another location, while Osceola Title took over the premises of 1009 Verona Street. Please consider waiving your \$600.00 fee and advise me accordingly.

Yours very truly,



Marianne Conerly,
President

Enclosures