

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90012 023 ***150.00

DOCUMENT # P03000037195

1. Entity Name

NATIONWIDE TITLE CLEARING, INC.



Principal Place of Business

**2100 ALTERNATE US 19 N
PALM HARBOR FL 34683**

Mailing Address

**2100 ALTERNATE US 19 N
PALM HARBOR FL 34683**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-4377427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINLEY, MYRON G ESQ
FINLEY, FLETCHER & KNAPMEYER, LLP
413 CLEVELAND ST
CLEARWATER FL 33755**

Name **Finley, Myron G. Esq.**

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

Finley, Fletcher, Myers & Buttaci

1221 Rogers Street, Suite B

City **Clearwater**

FL

Zip Code **33756**

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

Myron G. Finley, Agent

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, 2004 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 **DP** ☒ Delete
NAME **KEZSBOM, IVAN E**
STREET ADDRESS **2100 ALTERNATE US 19 N**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **D** ☐ Change ☒ Addition
NAME **John Hillman**
STREET ADDRESS **2100 Alternate U.S. 19 N.**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **DT** ☐ Delete
NAME **NOVITSKY, NORMAN**
STREET ADDRESS **2100 ALTERNATE US 19 N**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **D** ☐ Delete
NAME **MARSH, EDWARD E. III.**
STREET ADDRESS **2100 ALTERNATE US 19 N**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **DP** ☒ Change ☐ Addition
NAME **Marsh, -Edward-E.- III-**
STREET ADDRESS **2100 Alternate U.S. 19 N.**
CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE **D** ☐ Delete
NAME **TURBIN, ALAN W**
STREET ADDRESS **2100 ALTERNATE US 19 N**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE **D** ☐ Delete
NAME **FINLEY, MYRON G**
STREET ADDRESS **413 CLEVELAND ST**
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **S** ☒ Change ☐ Addition
NAME **Finley, Myron G.**
STREET ADDRESS **1221 Rogers Street, Suite B**
CITY-ST-ZIP **Clearwater, FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Todd Kugler**
STREET ADDRESS **2100 Alternate U.S. 19 N.**
CITY-ST-ZIP **Palm Harbor, FL 34683**

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:

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

Date

Daytime Phone #

2-17-04 727 771 4000