

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG -2 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000101386

1. Entity Name
ARBOR TITLE DEVELOPER SERVICES, INC.



Principal Place of Business
3801 BAY TO BAY BOULEVARD, SUITE 101
TAMPA, FL 33629

Mailing Address
3801 BAY TO BAY BOULEVARD, SUITE 101
TAMPA, FL 33629

2. Principal Place of Business

3805-A W. SAN MIGUEL ST
Suite, Apt. #, etc.

3. Mailing Address

3805-A W. SAN MIGUEL ST
Suite, Apt. #, etc.



07132004 Chg-P CR2E034 (10/03)

City & State
TAMPA, Florida
Zip 33629 Country Hillsborough

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TAMPA, Florida
Zip 33629 Country Hillsborough

4. FEI Number
20-0227151

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIVYER, NEAL A
100 ASHLEY DRIVE, SUITE 2150
TAMPA, FL 33602

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

Amended AR is \$61.25

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	PD YOUNG, ROBERT III 3801 BAY TO BAY TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GLASER, ROBERT P 3801 BAY TO BAY TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900039837000 08/03/04--01040--009 **61.25	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rose M. CONNATSER 3801 BAY TO BAY TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert P. Glaser* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-04 (813) 835-4435

Date

Daytime Phone #