

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 021 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 03000147050 1. Entity Name HUTCHINSON TITLE SERVICES, INC.

20016356

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10508 NORTHCLIFFE BLVD. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34608	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-0450596		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name CHERYL HUTCHINSON Street Address (P.O. Box Number is Not Acceptable) 9400 FOX HOLLOW LN. City WEEKI WACHEE FL Zip Code 34613		

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  PRESIDENT 2/13/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHERYL HUTCHINSON 9400 FOX HOLLOW LN. WEEKI WACHEE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-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(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  PRESIDENT 2/13/2006 352-688-1443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cheryl L. Hutchinson