

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90156 036 ***150.00

0611009

DOCUMENT # P92000012629

1. Entity Name

U. S. TITLE & ESCROW OF NORTH FLORIDA, INC.

Principal Place of Business

~~9735-11 OLD ST. AUGUSTINE RD~~
~~11~~
~~JACKSONVILLE FL 32257~~

Mailing Address

~~9735-11 OLD ST. AUGUSTINE RD~~
~~11~~
~~JACKSONVILLE FL 32257~~

7 5 5 6 6 5

2. Principal Place of Business

929 LONGRIDGE CT

3. Mailing Address

929 Longridge Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

ORANGE PARK, FL

Zip

32065

Country

Zip

32065

Country

4. FEI Number **59-3161106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~GULLETT, JOHN H II~~
~~973 SANDSTONE DRIVE~~
~~ORANGE PARK FL 32065~~

Name

JOHN H. Gullett / Lawrence Cridge

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

729 Blackstone Building

City

Jacksonville

FL

Zip Code

32202

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **GULLETT, JOHN H II**
STREET ADDRESS **973 SANDSTONE DRIVE**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☐ Delete
NAME **GULLETT, JOHN H**
STREET ADDRESS **929 LONGBRIDGE COURT**
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-01

904-612-8349

CR2E034 (10/00)