

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90018 004 \*\*\*550.00

**DOCUMENT # P93000046414**

1. Entity Name  
**ASTRO TITLE SERVICES, INC.**

Principal Place of Business  
**510 N. FORT HARRISON AVE.  
 CLEARWATER FL 34615**

Mailing Address  
**510 N. FORT HARRISON AVE.  
 CLEARWATER FL 34615**

2. Principal Place of Business  
**510 N. Ft. Harrison Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**510 N. Ft. Harrison Ave.**  
 Suite, Apt. #, etc.

City & State

City & State  
**Clearwater**

4. FEI Number **59-3189989**

Applied For  
 Not Applicable

Zip **33755** Country **Pinellas, US**

Zip **33755** Country **U.S.**

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

**6. Name and Address of Current Registered Agent**

**BASKIN, HAMDEN H. III -**  
**516 N FT HARRISON AVE**  
**CLEARWATER FL 34615**

**7. Name and Address of New Registered Agent**

Name **Hamden H. Baskin III P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**516 N. Ft. Harrison Ave.**  
 City **Clearwater** **FL** Zip Code **33755**

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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHWARZ, TODD L</b> <b>510 N. FORT HARRISON AVE.</b> <b>CLEARWATER FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>PEZONE, KATHLEEN S</b> <b>510 N. FORT HARRISON AVE.</b> <b>CLEARWATER FL 34615</b>	<input checked="" 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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Kathleen S. Pezone</b> <b>510 N. Ft. Harrison Ave.</b> <b>Clearwater FL, 33755</b>	<input checked="" 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
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

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:**

**Kathleen S. Pezone**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-6-00** Daytime Phone # **727-462-8111**

CF 1004 (3/00)