

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90101 036 ***150.00

0365154

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**

00041003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3189989**

Applied For
 Not Applicable

Zip **33755**

Country

Zip **33755**

Country

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

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **PEZONE, KATHLEEN**
 STREET ADDRESS **510 N. FORT HARRISON AVE.**
 CITY-ST-ZIP **CLEARWATER FL**

☒ Change ☐ Addition
33755

TITLE **STD** ☐ Delete
 NAME **PEZONE, KATHLEEN S**
 STREET ADDRESS **510 N. FORT HARRISON AVE.**
 CITY-ST-ZIP **CLEARWATER FL 34615**

☒ Change ☐ Addition
33755

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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

3-29-01
 Date

Daytime Phone #

CR2E034 (10/00)