

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90031 011 \*\*\*150.00

**DOCUMENT # P93000080314**

1. Entity Name  
**EAGLE TITLE & ABSTRACT CORPORATION**

Principal Place of Business

2629 MCCORMICK DR  
 #102  
 CLEARWATER FL 33759  
 US

Mailing Address

2629 MCCORMICK DR  
 #102  
 CLEARWATER FL 33759  
 US

2. Principal Place of Business

26750 US 19 N.

3. Mailing Address

26750 US 19 N.

Suite, Apt. #, etc.

SUITE 550

Suite, Apt. #, etc.

SUITE 550

City & State

CLEARWATER, FL

City & State

CLEARWATER FL

Zip 33761

Country US

Zip 33761

Country US

4. FEI Number 59-3212521

Applied For  
 Not Applicable

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

BRITTS, JARRELL  
 2629 MCCORMICK DR  
 #102  
 CLEARWATER FL 33759

Name JARRELL BRITTS

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

26750 US 19 N.

SUITE 550

City CLEARWATER

FL

Zip Code 33761

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 *Jarrell Britts* JARRELL BRITTS

1-6-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRITTS, JARRELL 2629 MCCORMICK DR., #102 CLEARWATER FL 33759	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JARRELL BRITTS 26750 US 19 N. #550 CLEARWATER, FL 33761	<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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)