

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90149 040 ***150.00

DOCUMENT # P93000080314

1. Entity Name

EAGLE TITLE & ABSTRACT CORPORATION

Principal Place of Business

**26750 US 19 N
 SUITE 550
 CLEARWATER FL 33761
 US**

Mailing Address

**26750 US 19 N
 SUITE 550
 CLEARWATER FL 33761
 US**

2. Principal Place of Business

5020 CENTRAL AVE

3. Mailing Address

5020 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE FL

City & State

ST. PETE FL

4. FEI Number

59-3212521

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITTS, JARRELL

26750 US 19 N

SUITE 550

CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

JARRELL BRITTS

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

5020 CENTRAL AVE

City

ST. PETE

FL

Zip Code

33707

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

01/11/02

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, 2002 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 ☐ Delete

**P
 BRITTS, JARRELL
 26750 US 19 N SUITE 550
 CLEARWATER FL 33761**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

**P/O
 5020 CENTRAL AVE.
 ST. PETE FL 33707**

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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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:

JARRELL BRITTS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02

727 797 0021 X120

CR2E034 (9/01)