

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000088500

1. Entity Name

Colonial Title Co.

FILED

02 NOV 18 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13910 N. Dale Mabry

13910 N. Dale Mabry

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

Tampa FL

Tampa, FL

Zip

Country

Zip

Country

33618

U.S.

33618

U.S.

4. FEI Number

543214967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Laura A. Van Hise

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

10310 Lake Grove Dr.

City

Odessa

FL

Zip Code

33556

**DO NOT WRITE
IN THIS SPACE**

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

Laura A. Van Hise

11-04-02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President & Director & Secretary
Laura A. Van Hise
10310 Lake Grove Dr.
Odessa, FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Laura A. Van Hise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-04-02

Date

813-264-7323

Daytime Phone #

CR2E034B (12/01)



Randall O. Reder
Attorney at Law

November 16, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Colonial Title Co. and
Masterpiece Title, LLC

Dear Sir or Madam:

Enclosed is the amended annual return for Colonial Title Co. You already have a check for \$60.00. Enclosed is the check for \$1.25.

Also enclosed is an amendment to the articles of organization for Masterpiece Title, LLC. I discussed this matter with Ms. Shepard and her supervisor, who agreed to the revised wording I inserted. Thank you for your attention to this matter. I was told there was no additional fee. If you need anything further, please let me know.

Sincerely,

A handwritten signature in cursive script, reading "Randall O. Reder".

Randall O. Reder