

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90148 046 ***158.75

DOCUMENT # P94000028561

1. Entity Name

ALDAY-DONALSON TITLE COMPANY OF PINELLAS COUNTY,

Principal Place of Business

Mailing Address

3925 MOORE LAKE ROAD
 DOVER FL 33527
 US

3925 MOORE LAKE ROAD
 DOVER FL 33527-4437
 US

A0040205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2004 Oakwood Knoll Ct.
 Suite, Apt. #, etc.

2004 Oakwood Knoll Ct.
 Suite, Apt. #, etc.

City & State

VALRICO FL

City & State

VALRICO FL

4. FEI Number

59-3241140

Applied For

Not Applicable

Zip

33594

Country

Hills

Zip

33594

Country

Hills

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

MUSIAL, A. J. JR
 4830 W. KENNEDY BLVD.
 SUITE 750
 TAMPA FL 33609

Name

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

City

FL

Zip Code

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

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, 2000 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	CD	<input type="checkbox"/> Delete
NAME	ALDAY, THOMAS T.	
STREET ADDRESS	3925 MOORES LAKE RD.	
CITY-ST-ZIP	DOVER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DONALSON, RONALD M	
STREET ADDRESS	11401 W QUEENSWAY DR	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	DONALSON, RONALD M	
STREET ADDRESS	3502 BERGER ROAD	
CITY-ST-ZIP	LUTZ FL 38549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS	2004 Oakwood Knoll Court	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, 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

4-10-00

Date

813 685-4576

Daytime Phone #