

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041073

1. Entity Name
SAI TITLE INSURANCE AGENCY, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90018 007 ***150.00

Principal Place of Business
1200 ROMANO AVE.
ORLANDO FL 32807

Mailing Address
101 CENTURY 21 DR
#122
JACKSONVILLE FL 32216-9255
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1750 ROGERO ROAD
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip
32211

Country
US

4. FEI Number 59-3229266

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SNEED, ALJEROY W
1200 ROMANO AVE.
ORLANDO FL 32807

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SNEED, ALJEROY W 101 CENTURY 21 DR, #122 JACKSONVILLE FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SNEED, ALJEROY W 4-28-00 904762-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #