

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050456

1. Entity Name

AMERICAN NATIONAL TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

2000 WEST BAY DR
STE 6
LARGO FL 33770
US

2240 BELLEAIR RD
160
CLEARWATER FL 33764-1703
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3252988

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

PATEL, SANDIP I
2240 BELLEAIR RD
STE 160
CLEARWATER FL 33764

Name

PATRICK M O'CONNOR

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

2240 BELLEAIR RD

Suite 160

City

CLEARWATER

FL

Zip Code

33764

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.

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\$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
DVP
PATEL, SANDIP I
2240 BELLEAIR RD STE 160
CLEARWATER FL 34624

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
O'CONNOR, PATRICK M
2240 BELLEAIR RD STE 100
CLEARWATER FL 33764

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MOORE, STEVEN W
2240 BELLEAIR RD STE 160
CLEARWATER FL 33764

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STREET ADDRESS
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90007 018 ***150.00

80015283



DO NOT WRITE IN THIS SPACE

2/1/00

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