

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90337 016 \*\*\*150.00

**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  
US

**00021977**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2240 Belleair Rd**

3. Mailing Address

**2240 Belleair Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 100**

**Suite 100**

City & State

City & State

**Clearwater, FL**

**Clearwater, FL**

Zip

Country

Zip

Country

**33764**

**USA**

**33764**

**USA**

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

**O'CONNOR, PATRICK**  
**2240 BELLEAIR RD**  
**STE 160**  
**CLEARWATER FL 33764**

Name

**STEVEN W. MOORE, ESQ.**

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

**8200 Bryan Diary Rd, Ste 300**

City

FL

Zip Code

**33777**

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 of owner or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/24/01**

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, 2001 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  
**DVP**  
**PATEL, SANDIP I**  
**2240 BELLEAIR RD STE 160**  
**CLEARWATER FL 34624** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

**827-507-9522**

CR2E034 (10/00)