

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051163

1. Entity Name

A.B.C. TITLE INSURANCE AGENCY, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90006 023 ***150.00

Principal Place of Business

Mailing Address Same as below

~~7770 W OAKLAND PARK BLVD SUITE 100~~
~~SUNRISE FL 33351~~

~~7770 W OAKLAND PARK BLVD SUITE 100~~
~~SUNRISE FL 33351~~

1333 S. University Dr.
Suite 201, Plantation, Fl. 33324

2. Principal Place of Business

1333 S. University Dr.

3. Mailing Address

1333 S. University Dr.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Plantation, Fl.

City & State

Plantation, Fl.

Zip

33324

Country

USA

Zip

33324

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0506012

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

SHNIDER, RONALD E

~~7770 W OAKLAND PARK BLVD SUITE 100~~
~~SUNRISE FL 33351~~

1333 S. University Dr., #201
Plantation, Fl. 33324

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

Ronald E. Shnider, President

1/12/01

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	D	<input type="checkbox"/> Delete
NAME	SHNIDER, RONALD E	
STREET ADDRESS	7770 W OAKLAND PARK BLVD SUITE 100	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	1333 S. University Dr., #201	
NAME	Plantation, Fl. 33324	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

Ronald E. Shnider, President

Date

Daytime Phone #

1/12/01

(954) 472-2556

0279102

CR2E034 (10/00)