

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90074 006 ***150.00

DOCUMENT # P94000067659

1. Entity Name
TITLE SOLUTIONS, INC.

Principal Place of Business

6210 MANATEE AVE WEST
SUITE 203
BRADENTON FL 34209

Mailing Address

6210 MANATEE AVE WEST
SUITE 203
BRADENTON FL 34209

2. Principal Place of Business

2424 MANATEE AVE. W.

Suite, Apt. #, etc.

SUITE 101

City & State

BRADENTON FL.

Zip

34205

Country

MANATEE

3. Mailing Address

2424 MANATEE AVE. W.

Suite, Apt. #, etc.

SUITE 101

City & State

BRADENTON FL.

Zip

34205

Country

MANATEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0517908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUFFINO, MICHAEL T
6210 MANATEE AVE WEST
SUITE 203
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name **RUFFINO MICHAEL T.**

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

2424 MANATEE AVE. W.

SUITE 101

City **BRADENTON**

FL

Zip Code

34205

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/02

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, 2002 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

TITLE **P** ☐ Delete
NAME **RUFFINO, MICHAEL T**
STREET ADDRESS **11822 OAK RIDGE ROAD**
CITY-ST-ZIP **PARRISH FL 34219**

TITLE **VST** ☒ Delete
NAME **RUFFINO, GERALDINE**
STREET ADDRESS **11822 OAK RIDGE DR.**
CITY-ST-ZIP **PARRISH FL**

TITLE **SEC.** ☐ Delete
NAME **RUFFINO, GERALDINE**
STREET ADDRESS **2901 LITTLE COUNTRY RD.**
CITY-ST-ZIP **PARRISH FL. 34219**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **RUFFINO, MICHAEL T.**
STREET ADDRESS **2901 LITTLE COUNTRY RD.**
CITY-ST-ZIP **PARRISH FL. 34219**

TITLE **VICE PRES.** ☐ Change ☒ Addition
NAME **MAYBERRY RONALD**
STREET ADDRESS **4064 128th ST. W.**
CITY-ST-ZIP **COOPER FL. 34215**

TITLE **SEC** ☒ Change ☐ Addition
NAME **RUFFINO, GERALDINE**
STREET ADDRESS **2901 LITTLE COUNTRY RD.**
CITY-ST-ZIP **PARRISH FL. 34219**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **MAYBERRY LADONNE**
STREET ADDRESS **4064 128th ST. W.**
CITY-ST-ZIP **COOPER FL. 34215**

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

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02

941-744-9854

CPRE034 (9/01)