2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like em

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ING OFFICER OR DIRECTOR

SIGNATURE

Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **P95000005581** MASTERS TITLE SERVICES OF MANATEE. INC. 04-03-2000 90005 026 ***150.00 Mailing Address Principal Place of Business 3011 MAWATEE AVE W 3011 MANATEE AVE W **BRADENTON FL 34205 BRADENTON FL 34205** CROZAGIO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0549909 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COUPLAND MATTHEWAY BETWEENER . Street Address (P.O. Box Number is Not Acceptable) RELMAX GULPSTREAM 6220 MANATEE AVE W #404 **BRADENTON FL 34209** MANATEE AVE w 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** ered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE TRAVIS, RONALD NAME STREET ADDRESS STREET ADDRESS 3007 MANATEE AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Delete ☐ Change Addition TITLE TITLE COUPLAND, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 3007 MANATEE AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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