

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000010656**

1. Entity Name

AFFILIATES TITLE SERVICES, INC. ✓**FILED**
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90014 038 ***558.75

Principal Place of Business

**7800 113TH STREET N.
SUITE 207
SEMINOLE FL 33772
US**

Mailing Address

**7800 113TH STREET N.
SUITE 207
SEMINOLE FL 33772
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 **59-3310120**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL A. MURPHY
7800 113TH STREET N.
SUITE 207
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent

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.

MICHAEL A. MURPHY

(NOTE: Registered Agent signature required when reinstating)

9/12/00

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D ANDERSON, DAVID R	110 POINCIANA LANE	LARGO FL	

	VSPT			<input type="checkbox"/> Delete
	MURPHY, MICHAEL A.	11432 69TH AVE. N.	SEMINOLE FL 33772	

				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

	VSPT			<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MURPHY, MICHAEL A.	11432 69TH AVE. N.	SEMINOLE, FL 33772		

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

A. MURPHY**9/12/00**

Date

727-397-9301

Daytime Phone #

CR2E034 (5/00)