

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90020 001 \*\*\*150.00

0367963

**DOCUMENT # P95000045037**

1. Entity Name  
**FIRST AMERICAN FINANCIAL SERVICES OF CLEARWATER,**

Principal Place of Business 26340 US 19 NORTH CLEARWATER FL 33761-4505	Mailing Address 26340 US 19 NORTH CLEARWATER FL 33761-4505
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2. Principal Place of Business <b>3000 GULF-TO-BAY</b>	3. Mailing Address <b>3000 GULF-TO-BAY</b>
Suite, Apt. #, etc. <b>103</b>	Suite, Apt. #, etc. <b>103</b>

City & State <b>CLEARWATER, FL</b>	City & State <b>CLEARWATER, FL</b>
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Zip <b>33759</b>	Country	Zip <b>33759</b>	Country
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4. FEI Number <b>59-3322589</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KRITCH, JOSEPH M**  
 26340 US 19 NORTH  
 CLEARWATER FL 33761-4505

Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>3000 GULF-TO-BAY BLVD #103</b>
City	<b>FL</b> Zip Code <b>33759</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 \$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	Change	Addition
PD	KRITCH, JOSEPH M	26340 US 19 NORTH	CLEARWATER FL	<input type="checkbox"/>	<input type="checkbox"/>
STD	KRITCH, SANDRA E.	26340 US 19 N	CLEARWATER FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)