

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

06563420 AV

**DOCUMENT # P95000045322**

1. Entity Name  
**FLORIDA PROFESSIONAL TITLE, INC.**

01-21-2002 90001 036 \*\*\*150.00

Principal Place of Business <b>1001 VERONA STREET.          KISSIMMEE FL 34741          US</b>	Mailing Address <b>3467 W. VINE ST          KISSIMMEE FL 34741          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1009 VERONA ST.</b>	3. Mailing Address <b>1009 VERONA ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>KISSIMMEE, FL</b>	City & State <b>KISSIMMEE, FL</b>
Zip <b>34741</b>	Zip <b>34741</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>59-3320113</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HALL, CONNIE K          3467 W. VINE ST          KISSIMMEE FL 34741</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1009 VERONA ST.</b> City <b>KISSIMMEE</b> FL Zip Code <b>34741</b>
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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 <i>Connie K. Hall</i> <b>CONNIE K. HALL, PRES</b> <b>1/10/02</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDV HALL, CONNIE K. 3467 W. VINE ST. KISSIMMEE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSDV CONERLY, MARIANNE K. 3467 W. VINE ST. KISSIMMEE FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1009 VERONA ST.          KISSIMMEE, FL 34741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1009 VERONA ST.          KISSIMMEE, FL 34741</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Connie K. Hall</i> <b>CONNIE K. HALL, PRES.</b> <b>01/10/02</b> <b>407-847-2404</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

CR2E034 (9/01)