

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048997

1. Entity Name
TITLE LOAN, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90057 044 ***150.00

Principal Place of Business

Mailing Address

1020 E. LAFAYETTE
SUITE 106-B
TALLAHASSEE FL 32301

1020 E. LAFAYETTE
SUITE 106-B
TALLAHASSEE FL 32301-4546

2. Principal Place of Business

3. Mailing Address

2011 Delta Blvd
Suite, Apt. #, etc. #A

2011 Delta Blvd
Suite, Apt. #, etc. #A

City & State

City & State

Tallahassee, Fla

Tallahassee, Fla

Zip

Country

32303

U.S.A

Zip

Country

32303

U.S.A

6. Name and Address of Current Registered Agent

4. FEI Number 59-3325801

Applied For
Not Applicable

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

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

(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, 2000 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	PSTD SWANK, JEFFERY C 1020 E. LAFAYETTE ST., STE. 106B TALLAHASSEE FL 32301	<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
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00

(850) 972-0006

CH 1014 (9/99)