

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062812

1. Entity Name

SUPERIOR SERVICE TITLE, INC.

Principal Place of Business

6574 30TH AVENUE, NORTH  
ST. PETERSBURG FL 33710

Mailing Address

6574 30TH AVENUE, NORTH  
ST. PETERSBURG FL 33710

2. Principal Place of Business

6570 30th Avenue North

3. Mailing Address

6570 30th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL 33710

City & State

St. Petersburg, FL 33710

4. FEI Number

59-3370678

Applied For

Not Applicable

Zip

33710

Country

USA

Zip

33710

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DAVID H  
6574 30TH AVENUE, NORTH  
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

David H. Roberts

Street Address (P.O. Box Number is Not Acceptable)

6570 30th Avenue North

St. Petersburg, FL 33710

City

St. Petersburg

FL

Zip Code  
33710

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

*David H. Roberts* David H. Roberts

2-14-2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, DAVID H	
STREET ADDRESS	6574 30TH AVENUE, NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, CALVIN C	
STREET ADDRESS	6574 30TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, KATHLEEN	
STREET ADDRESS	6574 30TH AVENUE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, David H.	
STREET ADDRESS	6570 30th Avenue North	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*David H. Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-2001 727-344-3880

FILED  
Feb 21, 2001 8:00 am  
Secretary of State

02-21-2001 90018 033 \*\*\*158.75

00013170



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)