

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90030 003 ***158.75

9850390
 dS

DOCUMENT # P95000077972

1. Entity Name

GLOBAL TITLE RESEARCH, INC.

Principal Place of Business

Mailing Address

**7941 58 AVE N
 # 201**

**7941 - 58TH AVENUE
 201**

SAINT PETERSBURG FL 33709-1141

SAINT PETERSBURG FL 33709-1141

2. Principal Place of Business

3. Mailing Address

7941 58th Ave. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33709

USA

4. FEI Number

59-3338901

Applied For

Not Applicable

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

MONTFORD, JOAN A

1121 16TH AVE. NORTH

ST. PETERSBURG FL 33704

Name

Joan A. Montford

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

7941 58th Avenue North #201

City

St. Petersburg

FL

Zip Code

33709

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

Joan A. Montford

Joan A. Montford, President

3/26/02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MONTFORD, JOAN A	
STREET ADDRESS	1121 16TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan A. Montford	
STREET ADDRESS	7941 58th Avenue North #201	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John J. Curatelli, Jr.	
STREET ADDRESS	6301 Marbella Blvd.	
CITY-ST-ZIP	Apollo Beach, FL 33572	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joanne Doyle	
STREET ADDRESS	4745 Highland Place Circle	
CITY-ST-ZIP	Lakeland, FL 33813	
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:

Joan A. Montford

Joan A. Montford

3/26/02

813-241-6354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)