

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90061 018 ***150.00

DOCUMENT # P96000019323

1. Entity Name

PEOPLES TITLE SERVICES, INC.

Principal Place of Business

Mailing Address

~~3805 SAN MIGUEL WEST
TAMPA FL 33629~~

~~3805 SAN MIGUEL WEST
TAMPA FL 33629~~

2. Principal Place of Business

1713 SOUTH LOIS AVE.

3. Mailing Address

1713 SOUTH LOIS AVE.

Suite, Apt. #, etc.

SUITE #100

Suite, Apt. #, etc.

SUITE #100

City & State

TAMPA FL

City & State

TAMPA FL

Zip

Country

33629-5754 HILLSBOROUGH

Zip

Country

33629-5754 HILLSBOROUGH

6. Name and Address of Current Registered Agent

~~DAFT, CYNTHIA C~~
~~4701 KINROSS CT~~
~~VALRICO FL 33594~~
CHANGED!

7. Name and Address of New Registered Agent

Al R. Lopez, Jr.
Lopez & Kelly, P.A.
4600 W. Cypress Street, Suite 500
Tampa, FL 33607

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

Cynthia C. Daft

4/16/01

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, 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	D	<input type="checkbox"/> Delete
NAME	DAFT, CYNTHIA C	
STREET ADDRESS	3805 SAN MIGUEL WEST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAVIESA, TANYA	
STREET ADDRESS	3805 SAN MIGUEL WEST	
CITY-ST-ZIP	TAMPA FL 33629	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1713 SOUTH LOIS AVE. - SUITE #100	
CITY-ST-ZIP	TAMPA, FL. 33629 - 5754	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1713 SOUTH LOIS AVE. - SUITE #100	
CITY-ST-ZIP	TAMPA, FL. 33629 - 5754	
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:

Cynthia C. Daft

CYNTHIA C. DAFT

4/09/01

813-253-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)