

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030988

1. Entity Name

GRAND TITLE SEARCH AND ABSTRACT SERVICES, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90034 041 ***550.00

Principal Place of Business

8280 COLLEGE PKWY #104
FT MYERS FL 33919
US

Mailing Address

8280 COLLEGE PKWY #104
FT MYERS FL 33919-5122
US

2. Principal Place of Business

2080 MCGREGOR BLVD

3. Mailing Address

2080 MCGREGOR BLVD

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

FT. Myers, FL

City & State

FT. Myers, FL

Zip

33901

Country

US

Zip

33901

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0666136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIMES, LORI D

3280 COLLEGE PKWY

#104

FORT MYERS FL 33919

Name

LORI D. GRIMES

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

5525 PALMETTO ST.

City

FT. MYERS BEACH, FL

Zip Code

33931

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 ☐ Delete

NAME GRIMES, LORI D
STREET ADDRESS 5525 PALMETTO ST.
CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME ANDERSON, ANDY S
STREET ADDRESS 4173 TOWN TERR
CITY-ST-ZIP NORTH PORT FL 34237

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/99)