

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90124 002 ***150.00

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DOCUMENT # P96000038153

1. Entity Name

ORLANDO TITLE GROUP, INC.

Principal Place of Business

**1277 NORTH SEMORAN BLVD
 SUITE 102
 ORLANDO FL 32807**

Mailing Address

**1277 NORTH SEMORAN BLVD
 SUITE 102
 ORLANDO FL 32807**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3378486

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARPENTER, HENRY B

~~576 NORTH SEMORAN BLVD.~~

ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Henry B. Carpenter

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

Suite # 102

1277 North Semoran Boulevard

City

Orlando

FL

Zip Code

32807

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

[Signature]

Henry B. Carpenter

1/25/02

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 **PTSD** ☐ Delete
 NAME **CARPENTER, HENRY B**
 STREET ADDRESS **~~576 N SEMORAN BLVD~~**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☒ Change ☐ Addition
 NAME **Henry B. Carpenter**
 STREET ADDRESS **1277 North Semoran Blvd Ste #102**
 CITY-ST-ZIP **Orlando FL 32807**

TITLE **VD** ☐ Delete
 NAME **STACHURSKI, ALMA**
 STREET ADDRESS **~~576 N SEMORAN BLVD~~**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☒ Change ☐ Addition
 NAME **Alma Stachurski**
 STREET ADDRESS **1277 North Semoran Blvd Ste #102**
 CITY-ST-ZIP **Orlando FL 32807**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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]

Henry B. Carpenter

1/25/02 (407)808-2267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)