Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000055153

1. Corporation Name

UNIVERSAL TITLE SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business 8382 BAYMEADOWS ROAD. SUITE 🐧 5 JACKSONVILLE FL 32256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

8382 BAYMEADOWS ROAD. SUITE X 5 JACKSONVILLE FL 32256

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90169 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

06/26/1996

59-3427452

4. FEI Number

23		28		Trust Fund Contribution	Added	to Fees		
Zip	Country	Zip	Country	8. This corporation owes the	current year Intangible	_		
24	25	29	30	Personal Property Tax.	Yes	□No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of No	w Registered Agent			
BOWMAN, FLORA 628 7TH AVENUE, NORTH 81 Name DV C B1 82 Street Address (P.O. Box Number is Not Acceptable) 1301 River place Blvd. Suite 2600								
JACI	KSONVILLE FL 32250		83	- Company				
			84 City	Tadamentle		Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE			ALOTE B	and when reported that	DATE	}		
40	Signature, typed or printed name of registered agent a OFFICERS AND	····	(NOTE: Registered Agent signature 13.	ADDITIONS/CHANGES TO		DRS IN 12		
TITLE	PD OFFICERS AND	DIRECTOR DELE		ADDITIONO/OFFININGED TO	☐ Change	DRS IN 12		
	BOWMAN, FLORA W		1.2 NAME					
NAME	628 7TH AVENUE NORTH	, ,						
STREET ADDRESS	7.7	•	1.3 STREET ADDRESS	`		1		
CITY-ST-ZIP	JACKSONVILLE BEACH FL 3225	U DELE	1.4 C/TY-ST-Z/P	5 . 1 . 1	Change	☐ Addition		
TITLE	VPD	_ DELE		Singletory, Patrick 13613 Marsh Harbour				
NAME	SINGLETARY, PATRICK	•	2.2 NAME	Singletory, Patitle Hackour	North			
STREET ADDRESS	13613 MARSH HARBOUR NORTI	1	2.3 STREET ADDRES	1 1 1 1 E 3	ב נגנ	}		
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP	Out book Alite	☐ Change	Addition		
TITLE		☐ DELE		Vice President	Change	L3LAddidon ;		
NAME			3.2 NAME	Doyle Bill				
STREET ADDRESS			3.3 STREET ADDRES		Su;te 2600			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Jacksonville, FL 3.	7707	4 1 4 1 2 2 1		
TITLE		☐ DELE	E 4.1 TITLE	Secretary	Change	► Addition		
NAME			4. 2 NAME	Delp, Stayce				
STREET ADDRESS			4.3 STREET ADDRESS	5 127 124 Hve, N.		j		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jackienville Beach, FL	32720			
TITLE		☐ DELE	TE 5.1 TITLE		Change	☐ Addition		
NAME			5.2 NAME	=		ì		
STREET ADDRESS			5.3 STREET ADDRES	s				
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<u></u>			
TITLE		☐ DELE	TE 61 TITLE		☐ Change	☐ Addition		
NAME			6.2 NAME			1		
STREET ADDRESS			6.3 STREET ADDRES	s				
CITY-ST-ZIP			6.4 CITY-ST-ZIP			1		
44 I horoby	certify that the information supplied with	this filing does not qua	ify for the exemption state	ed in Section 119.07(3)(i), Florida Statul	es. I further certify that the i	nformation		
indicated officer or	on this annual report or supplemental a director of the corporation of the receive or Block 13 if changed, or on an attachr	nnual report is true and er or trustee empowere	, accurate and that my sig d to execute this report as	inature shall have the same legal effect s required by Chapter 607, Florida Stati	as it made under dain, inai	i ami ani		