## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## FILED DOCUMENT # **P96000055153** Apr 25, 2000 8:00 am **Secretary of State** UNIVERSAL TITLE SERVICES OF NORTH FLORIDA, INC. 04-25-2000 90117 038 \*\*\*150.00 Principal Place of Business Mailing Address 8382 BAYMEADOWS ROAD, SUITE 6 8382 BAYMEADOWS ROAD. SUITE 6 JACKSONVILLE FL 32256-7436 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address OFESSIONA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3427452 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BILL, DAYLE Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD SUITE 3600 JACKSONVILLE FL 32202 r ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sug SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **VPD** ☐ Change Addition DIDE TITLE SINGLETARY, PATRICK NAME NAME PROFESSIONAL DR 13613 MARSH HARBOUR NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Addition TITLE Delete TITLE SINGLETORY, PATRICK NAME NAME Singletari STREET ADDRESS 13613 MARSH HARBOUR NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 VP - - - -☐ Addition ---- Delete TITLE TITLE William & Doyle DOYLE, BILL NAME NAME Southside Blud. STREET ADDRESS 13613 MARSH HARBOUR NORTH STREET ADDRESS 3003 CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP Change ☐ Addition TITLE TITLE **DELP. STAYCE** NAME NAME 13613 MARSH HARBOUR NORTH STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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