

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055153

1. Entity Name

UNIVERSAL TITLE SERVICES OF NORTH FLORIDA, INC.

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90171 016 \*\*\*150.00

Principal Place of Business

13119 PROFESSIONAL DRIVE  
JACKSONVILLE FL 32225

Mailing Address

13119 PROFESSIONAL DRIVE  
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3427452

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

DOYLE, WILLIAM E  
2002 SOUTHSIDE BLVD STE 201  
JACKSONVILLE FL 32216

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD  
NAME SINGLETARY, PATRICK  
STREET ADDRESS 13613 MARSH HARBOUR NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE VPD  
NAME SINGLETARY, PATRICK  
STREET ADDRESS 4401 TIDEVIEW DR  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☒ Change ☐ Addition

TITLE P  
NAME SINGLETARY, PATRICK  
STREET ADDRESS 13613 MARSH HARBOUR NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE P  
NAME SINGLETARY, PATRICK  
STREET ADDRESS 4401 TIDEVIEW DR  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☒ Change ☐ Addition

TITLE VP  
NAME DOYLE, BILL  
STREET ADDRESS 13613 MARSH HARBOUR NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE V.P.  
NAME DOYLE, BILL  
STREET ADDRESS 2002 SOUTHSIDE BLVD #201  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Change ☐ Addition

TITLE S  
NAME DELP, STAYCE  
STREET ADDRESS 13613 MARSH HARBOUR NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 (10/00)