

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055713

1. Entity Name

COUNTY LAND TITLE, INC.

FILED

Mar 17, 2000 8:00 am  
Secretary of State

03-17-2000 90037 044 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1466-2 PARK SHORE CIRCLE  
FT MYERS FL 33901~~

~~1466-2 PARK SHORE CIRCLE  
FT MYERS FL 33901-9010~~

2. Principal Place of Business

1560 MATTHEW DR

3. Mailing Address

1560 MATTHEW DR

Suite, Apt. #, etc.

SUITE G

Suite, Apt. #, etc.

SUITE G

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33907

Country

USA

Zip

33907

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0676608

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

WOODS, SHARON L

~~1466-2 PARK SHORE CIRCLE  
FT MYERS FL 33901~~

Name

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

1560 MATTHEW DRIVE  
SUITE G

City

FORT MYERS FL

FL

Zip 33907

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

X Sharon L Woods

MARCH 14, 2000

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 D  
NAME WOODS, SHARON L  
STREET ADDRESS 1466-2 PARK SHORE CIRCLE  
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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CITY-ST-ZIP

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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:

X Sharon L Woods

MARCH 14, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)