

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90178 028 ***158.75

DOCUMENT # P96000063475

1. Entity Name
ALAFIA TITLE INSURANCE, INC.



Principal Place of Business
**139 E BLOOMINGDALE AVE
BRANDON FL 33511
US**

Mailing Address
**139 E BLOOMINGDALE AVE
BRANDON FL 33511
US**



2. Principal Place of Business
350 E. Bloomingdale Ave
Suite, Apt. #, etc.

3. Mailing Address
350 E. Bloomingdale Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Brandon Florida
Zip
33511
Country
USA

City & State
Brandon Florida
Zip
33511
Country
USA

4. FEI Number **59-3393181**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALONSO, BOBBI J
139 E BLOOMINGDALE AVE
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **Bobbi J. Alonso**
Street Address (P.O. Box Number is Not Acceptable)
350 E. Bloomingdale Ave.
City **Brandon** FL Zip Code **33511**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALONSO, BOBBI JO 11115 CARMON STREET RIVERVIEW FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALONSO, WAYNE C 11115 CARMON STREET RIVERVIEW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03 8136812800

Date

Daytime Phone #

CR2E034 (10/02)