

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90208 017 ***150.00

DOCUMENT # P96000073225

1. Entity Name
CLASSIC TITLE SERVICES, INC.



Principal Place of Business
**11680 BONITA BEACH ROAD
SUITE 401
BONITA SPRINGS FL 34135
US**

Mailing Address
**11680 BONITA BEACH ROAD
SUITE 401
BONITA SPRINGS FL 34135
US**



2. Principal Place of Business
**10998 Bonita Beach Road
Suite, Apt. #, etc.**

3. Mailing Address
**10998 Bonita Beach Road
Suite, Apt. #, etc.**

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number **65-0693153**

Applied For
Not Applicable

Zip Country
34135 US

Zip Country
34135 US

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

**HALL, C L
11680 BONITA BEACH ROAD
SUITE 401
BONITA SPRINGS FL 34135**

Name
Street Address (P.O. Box Number is Not Acceptable)
10998 Bonita Beach Road
City
Bonita Springs FL Zip Code
34135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CARTER, K E**
STREET ADDRESS **18475 EVERGREEN ROAD**
CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE **PS** ☐ Delete
NAME **HALL, C.L**
STREET ADDRESS **9100 CAROLINA STREET**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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

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 filers empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 2394986881
Date Daytime Phone #

CR2E034 (10/02)