

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90107 048 ***158.75

DOCUMENT # P96000079575

1. Entity Name
ALL REALTY TITLE COMPANY

Principal Place of Business

19209 US HWY 41 N
LUTZ FL 33549
US

Mailing Address

19209 US HWY 41 N
LUTZ FL 33549
US

2. Principal Place of Business

3314 Henderson Blvd.

3. Mailing Address

P.O. Box 18877

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33609

Country

USA

Zip

33679-8877

Country

USA

4. FEI Number

59-3400481

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROD, SHERMAN M
19209 US HWY 41 N
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name: Brod, Sherman M.
Street Address (P.O. Box Number is Not Acceptable): 3314 Henderson Blvd.
Suite 100
City Tampa FL Zip Code 33609

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

Sherman M. Brod
Sherman M. Brod

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/02

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, 2002 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

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	LANDIS, BRENDA R	
STREET ADDRESS	19209 US HWY 41 N	
CITY-ST-ZIP	LUTZ FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	Brod, Sandra Crane	
STREET ADDRESS	19209 U.S. Highway 41 N.	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE	PT	<input type="checkbox"/> Delete
NAME	Brod, Sherman M.	
STREET ADDRESS	19209 U.S. Highway 41 N.	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brod, Sandra Crane	
STREET ADDRESS	3314 Henderson Blvd. #100	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brod, Sandra Crane	
STREET ADDRESS	3314 Henderson Blvd. #100	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brod, Sherman M.	
STREET ADDRESS	3314 Henderson Blvd. #100	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sherman M. Brod
Sherman M. Brod

SIGNING OFFICER OR DIRECTOR

Prox. 4/26/02 (813) 874-7700

Date

Daytime Phone #

CR2E034 (9/01)