

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080397

1. Entity Name

STATEWIDE RESEARCH, INC.

Principal Place of Business

14100 N.W. 58TH COURT
MIAMI LAKES FL 33014

Mailing Address

17911 VON KARMAN AVE
STE #300
IRVINE CA 92614
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0703348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAKER, KARLA J ESQ.
% FIDELITY NATIONAL TITLE INSURANCE CO.
901 N. LAKE DESTINY DRIVE, SUITE 395
MAITLAND FL 32751

7. Name and Address of New Registered Agent

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

TITLE DP
NAME WALLACE, TYSON
STREET ADDRESS 901 N. LAKE DESTINY DRIVE, #395
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE D
NAME MORAN, JIM
STREET ADDRESS 14100 N.W. 58TH COURT
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE SVP
NAME SIMONTON, TOM
STREET ADDRESS 14100 NW 58TH COURT
CITY-ST-ZIP MIAMI LAKES FL ☐ Delete

TITLE CFO
NAME STINSON, ALAN L
STREET ADDRESS 3916 STATE STREET, SUITE 300
CITY-ST-ZIP SANTA BARBARA CA 93105 ☐ Delete

TITLE S
NAME KANE, M'LISS J
STREET ADDRESS 17911 VON KARMAN AVE, #300
CITY-ST-ZIP IRVINE CA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
STREET ADDRESS 4050 Calle Real, Suite 200
CITY-ST-ZIP Santa Barbara, CA 93110 ☒ Change ☐ Addition

TITLE S
NAME Brad J. Brigante
STREET ADDRESS 4050 Calle Real, Suite 220
CITY-ST-ZIP Santa Barbara, CA 93110 ☐ Change ☒ Addition

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

Brad J. Brigante, Secretary 3/1/01

Date Daytime Phone #

0571405

CR2E034 (10/00)



Fidelity National Title

INSURANCE COMPANY OF NEW YORK

Attachment #
P96000080397

520164

March 27, 2001

Secretary of State - Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Statewide Research, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed is the following:

1. One (1) original and one (1) copy of the executed Uniform Business Report for the above referenced corporation; and
2. Our check number 30004944, made payable to the Secretary of State in the amount of \$150.00 to cover required filing fees and a return certified copy.

Please acknowledge receipt of the foregoing by endorsing and returning the enclosed copy of the Report in the self-addressed, stamped envelope. If you have any questions regarding this filing, feel free to contact the undersigned.

Very truly yours,

Madeline Barewald
Corporate Paralegal

Telephone: (949) 622-4351

Facsimile: (949) 622-4104

E-mail: mbarewald@fnf.com

Enclosures