

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

06-13-2002 90381 034 \*\*\*550.00

**DOCUMENT # P96000081725**

1. Entity Name

**REMIT TITLE SERVICES, INC.**

Principal Place of Business

**125 KOLSTERMAN RD  
 SUITE 117  
 TARPON SPRINGS FL 34689  
 US**

Mailing Address

**125 KOLSTERMAN RD  
 SUITE 117  
 TARPON SPRINGS FL 34689  
 US**

2. Principal Place of Business

**125 KLOSTERMAN RD**

3. Mailing Address

**125 KLOSTERMAN RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TARPON SPRINGS, FL**

City & State

**TARPON SPRINGS, FL**

Zip

**34689**

Country

**USA**

Zip

**34689**

Country

**USA**

4. FEI Number

**65-0703856**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HEFLIN, CHARLES M III  
 3770 EMBASSY CIR  
 PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name **Michael E. Hayes**  
 Street Address (P.O. Box Number is Not Acceptable) **125 W. Klosterman Rd.**  
 City **Tarpon Springs** FL **34689**

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

**Michael E. Hayes**

(NOTE: Registered Agent signature required when reinstating)

**6-7-02**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTV HEFLIN III, CHARLES M 3770 EMBASSY CIRCLE PALM HARBOR FL</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Michael E. Hayes 9107 Woodridge Run Drive Tampa, FL 33647</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman David Hill 610 Santa Maria Drive Tierra Verde, FL 33715</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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 REQUIRED**

**Michael E. Hayes**

**6-7-02**

**(727) 945-0500**

Date

Daytime Phone #

CR2E034 (9/01)