

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000089076**

1. Entity Name

UNITED TITLE LOANS, INC.**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90001 033 ***150.00

0509933

Principal Place of Business

Mailing Address

**160 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33415****160 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704936

Applied For

Not Applicable

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

**GALFOND, BENJAMIN
6830 TOWN HARBOUR BLVD.
#3522
BOCA RATON FL 33433**

Name

Street Address (P.O. Box Number is Not Acceptable)

160 North Military Trail

City

West Palm Beach**FL**

Zip Code

33415

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAMMER, ALEXANDER G	
STREET ADDRESS	160 N. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GALFOND, BENJAMIN	
STREET ADDRESS	6830 TOWN HARBOUR BLVD., #3522	
CITY-ST-ZIP	BOCA RATON FL 33433	

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		

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

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David M. Lashway	
STREET ADDRESS	160 North Military Trail	
CITY-ST-ZIP	West Palm Beach, FL 33415	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander G. Kammer	
STREET ADDRESS	160 North Military Trail	
CITY-ST-ZIP	West Palm Beach, FL 33415	

TITLE	T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick V. Graham	
STREET ADDRESS	160 North Military Trail	
CITY-ST-ZIP	West Palm Beach, FL 33415	

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Lashway 04/23/01 (561) 688-2725

Date

Daytime Phone #

CR2E034 (10/00)