

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094816

1. Entity Name

MANASOTA TITLE LOAN, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90057 028 ***150.00

Principal Place of Business

Mailing Address

3232 S TAMiami TRAIL
SARASOTA FL 34239
US

3232 S TAMiami TRAIL
SARASOTA FL 34203-6944
US

2. Principal Place of Business

5919A 15TH ST E

3. Mailing Address

5919A 15TH ST E

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FL

City & State

BRADENTON, FL

4. FEI Number

65-0712194

Applied For

Not Applicable

Zip

34203

Country

MANATEE

Zip

34203

Country

MANATEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART, DONALD L
3230 S TAMiami TRAIL
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name **ARNOLD CHARLTON**

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

5919A 15TH ST E

City **BRADENTON**

FL

Zip Code **34213**

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

Arnold Charlton **ARNOLD CHARLTON**

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, 2000 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 **D** ☐ Delete
NAME **STUART, DUANE K**
STREET ADDRESS **5280 CEDAR HAMMOCK PLACE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ Delete
NAME **STUART, DONALD L**
STREET ADDRESS **5280 CEDAR HAMMOCK PL**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Donald L. Stuart **DONALD L. STUART, DNR.**

01/06/00

941/753-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #