

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91904 045 \*\*\*150.00

0086421 AV

DOCUMENT # P97000010012

1. Entity Name  
TITLECORP OF FLORIDA, INC.



Principal Place of Business  
670 N. ORLANDO AVE., STE 102  
MAITLAND FL 32751

Mailing Address  
670 N. ORLANDO AVE., STE 102  
MAITLAND FL 32751

2. Principal Place of Business  
398 FREEMAN ST.  
Suite, Apt. #, etc.

3. Mailing Address  
398 FREEMAN ST.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
Longwood Florida  
Zip  
32750  
Country  
Seniok

City & State  
Longwood Florida  
Zip  
32750  
Country  
Seniok

4. FEI Number  
59-3422988

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ARCHIE, ROBERT W  
670 N. ORLANDO AVE., STE 102  
MAITLAND FL 32751

## 7. Name and Address of New Registered Agent

Name  
Robert W. Archie  
Street Address (P.O. Box Number is Not Acceptable)  
398 FREEMAN ST.  
City  
Longwood FL Zip Code  
32750

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 4/30/03  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE & NAME	P ARCHIE, ROBERT W	<input type="checkbox"/> Delete
STREET ADDRESS	670 N. ORLANDO AVE., STE 102	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE & NAME	S ARCHIE, REBECCA	<input type="checkbox"/> Delete
STREET ADDRESS	670 N. ORLANDO AVE., STE 102	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE & NAME	V JOHNSON, WILLIAM H	<input type="checkbox"/> Delete
STREET ADDRESS	670 N. ORLANDO AVE., STE 102	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 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

Date Daytime Phone #

CR2E034 (10/02)