

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90279 019 \*\*\*150.00

**DOCUMENT # P97000043763**

1. Entity Name  
**ROYAL TITLE OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**1000 N. COLLIER BOULEVARD  
SUITE #13  
MARCO ISLAND FL 34145**

Mailing Address  
**1000 N. COLLIER BOULEVARD  
SUITE #13  
MARCO ISLAND FL 34145**



2. Principal Place of Business  
**950 N. Collier Blvd**

3. Mailing Address  
**950 N. Collier Blvd**

Suite, Apt. #, etc.  
**Suite # 302**

Suite, Apt. #, etc.  
**Suite # 302**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**MARCO Island Florida**

City & State  
**MARCO Island Florida**

4. FEI Number **65-0755278**

Applied For  
Not Applicable

Zip Country  
**34145 USA**

Zip Country  
**34145 USA**

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

**MILLER, PATRICIA A  
1000 N. COLLIER BOULEVARD  
SUITE #13  
MARCO ISLAND FL 34145**

Name **Miller, Patricia A.**

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

**950 N. Collier Blvd # 302**

City **MARCO Island** FL Zip Code **34145**

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 **Patricia A. Miller** **PATRICIA A. MILLER, Pres.** **1-9-03**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, PATRICIA A</b> <b>133 VINTAGE BAY DR. #6</b> <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, DAVID D</b> <b>133 VINTAGE BAY DR. #6</b> <b>MARCO ISLAND FL 34145</b>	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Miller, Patricia A.</b> <b>1121 SWALLOW AVE # 201</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Miller, David D.</b> <b>1121 SWALLOW AVE # 201</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 title empowered.

SIGNATURE: **Patricia A. Miller** **1-9-03** **239-344-2202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)