

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046869

1. Entity Name

ADVANTAGE TITLE AGENCY OF PASCO COUNTY, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90006 021 \*\*\*158.75

Principal Place of Business

8410 U.S. 19 NORTH  
SUITE 103  
PORT RICHEY FL 34668

Mailing Address

10138 US 19  
PORT RICHEY FL 34668-3743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3453240

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARLIE B  
10138 US 19  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name **MARGARET L SMITH**  
Street Address (P.O. Box Number is Not Acceptable)  
**10138 US 19**  
City **PORT RICHEY FL 34668**

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

*Margaret L Smith*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/4/00**  
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	PD	<input type="checkbox"/> Delete
NAME	SWARTSEL, MARK	
STREET ADDRESS	8410 U.S. 19 SUITE 105	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MARLIE B	
STREET ADDRESS	10136 U.S. 19 NORTH	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	<del>STD</del>	<input type="checkbox"/> Delete
NAME	<del>MARGARET L SMITH</del>	
STREET ADDRESS	<del>10138 US 19</del>	
CITY-ST-ZIP	<del>PORT RICHEY FL 34668</del>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET L SMITH	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORI MOWRY	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
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

**3/14/00** **727**  
**5625003**  
Date Daytime Phone #