

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90050 046 ***150.00

DOCUMENT # P97000065202

1. Entity Name

HARTLE REALTY TITLE INSURANCE AGENCY, INC.

Principal Place of Business

**2201 ROGERO RD
 JACKSONVILLE FL 32211
 US**

Mailing Address

**2201 ROGERO RD
 JACKSONVILLE FL 32211
 US**

2. Principal Place of Business

**12412 San Jose Blvd
 Suite, Apt. #, etc.
 # 402**

3. Mailing Address

**12412 San Jose Blvd
 Suite, Apt. #, etc.
 # 402**

City & State

JACKSONVILLE, FL.

City & State

JACKSONVILLE, FL.

Zip

32223-8620 USA

Zip

32223-8620 USA

4. FEI Number

59-3461915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NOE, WILLIAM G JR
 599 ATLANTIC BLVD STE 6
 ATLANTIC BCH FL 32233**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE **PSTD** ☐ Delete
 NAME **HARTLE, MARK Q**
 STREET ADDRESS **1156 EXECUTIVE COVE DR**
 CITY-ST-ZIP **FRUITCOVE FL 32259**

TITLE **VP** ☐ Delete
 NAME **HARTLE, CORA S**
 STREET ADDRESS **1156 EXECUTIVE COVE DR**
 CITY-ST-ZIP **FRUIT COVE FL 32259**

TITLE **VP** ☐ Delete
 NAME **HARELLE, MARK Q JR**
 STREET ADDRESS **1156 EXECUTIVE COVE DR**
 CITY-ST-ZIP **FRUIT COVE FL 32259**

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

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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: *Mark Q Hartle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-2001

Date

904-262-0088

Daytime Phone #

CR2E034 (10/00)