

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90140 043 \*\*\*158.75

**DOCUMENT # P97000074527**

**1. Entity Name**  
**FIDELITY FIRST TITLE CORPORATION**

**Principal Place of Business**  
 101 S. WYMORE RD  
 SUITE 100  
 ALTAMONTE SPRINGS FL 32714  
 US

**Mailing Address**  
 101 S. WYMORE RD  
 STE 100  
 ALTAMONTE SPRINGS FL 32714

**2. Principal Place of Business**

**3. Mailing Address**  
 3696 ULMERTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 # 210

City & State

City & State  
 CLEARWATER FL

Zip

Country

Zip

33762

Country

**4. FEI Number**

59-3466388

Applied For

Not Applicable

**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**

SCHNIEDERHAN, WAYNE D  
 3696 ULMERTON RD  
 #210  
 CLEARWATER FL 33762

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**  **DATE**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS        | CITY-ST-ZIP                                            | <input checked="" type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|-----------------------|--------------------------------------------------------|--------------------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       | D    | PRUNA, SURAINIE       | 101 S. WYMORE RD/STE 100<br>ALTAMONTE SPRINGS FL 32714 | <input checked="" type="checkbox"/>        |       |      |                |             |                                 |                                   |
|       | D    | SCHNIEDERHAN, WAYNE D | 3696 ULMERTON RD #210<br>CLEARWATER FL 33762           | <input type="checkbox"/>                   |       |      |                |             |                                 |                                   |
|       |      |                       |                                                        | <input type="checkbox"/>                   |       |      |                |             |                                 |                                   |
|       |      |                       |                                                        | <input type="checkbox"/>                   |       |      |                |             |                                 |                                   |
|       |      |                       |                                                        | <input type="checkbox"/>                   |       |      |                |             |                                 |                                   |
|       |      |                       |                                                        | <input type="checkbox"/>                   |       |      |                |             |                                 |                                   |
|       |      |                       |                                                        | <input type="checkbox"/>                   |       |      |                |             |                                 |                                   |

**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:**  **727-571-3200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0071008 . AV

CR2E034 (9/01)