

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000077384**

1. Entity Name

TAMPA BAY TITLE COMPANY, INC.

Principal Place of Business

Mailing Address

**7510B RIDGE RD
PORT RICHEY FL 34668
US****7510B RIDGE RD
PT RICHEY FL 34668
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3475269

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****BOOTH, STEPHEN C
7510 RIDGE RD
PT RICHEY FL 34668****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, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****PD** ☐ Delete
BOOTH, STEPHEN C
7510 RIDGE RD
PT RICHEY FL 34668☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
VD
COOK, J H
7510 RIDGE RD
PT RICHEY FL 34668☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
ST
BAILEY, CAROLYN
7510 RIDGE RD
PT RICHEY FL 34668☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Delete
D
HUDSON, JOHN E
6709 RIDGE RD, 200
PT RICHEY FL 34668☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/7/02
Date727-848-7602
Daytime Phone #**FILED**
Jan 09, 2002 8:00 am
Secretary of State

01-09-2002 90019 033 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)