

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088296

1. Entity Name

SIGNATURE TITLE AND GUARANTY, INC.

**FILED**  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90013 012 \*\*\*150.00

Principal Place of Business

Mailing Address

~~610 CRESCENT EXECUTIVE CT.  
#112  
LAKE MARY FL 32746~~

~~610 CRESCENT EXECUTIVE CT.  
#112  
LAKE MARY FL 32746-2111~~

2. Principal Place of Business

725 Primera Blvd.

3. Mailing Address

725 Primera Blvd.

Suite, Apt. #, etc.

# 110

Suite, Apt. #, etc.

# 110

City & State

Lake Mary, FLA

City & State

Lake Mary, FLA

Zip

32746-2111

Country

USA

Zip

32746-2111

Country

USA

4. FEI Number

59-3477680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRAWDER, LYDIA A  
452 WEATHERSFIELD AVE.  
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Green, Lydia A.

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

452 Weathersfield Ave

City

Altamonte Springs

FL

Zip Code

32714

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)

1/6/2000

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 VPDS  
NAME GREEN, PEGGY  
STREET ADDRESS 647 NORTHBRIDGE DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE PDT  
NAME STRAWDER, LYDIA A  
STREET ADDRESS 452 WEATHERSFIELD AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE:   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PDT ☒ Change ☐ Addition  
NAME LYDIA A. Green  
STREET ADDRESS 452 Weathersfield Ave  
CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1/6/2000