

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090014

1. Entity Name

TITLE SERVICES, INC.

Principal Place of Business

1221 LEE RD
SUITE 103
ORLANDO FL 32810
US

Mailing Address

P. O. BOX 741255
ORANGE CITY FL 32774
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

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	DP	<input type="checkbox"/> Delete
NAME	FRANKLIN, MARGUERITE G	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DVA	<input type="checkbox"/> Delete
NAME	BULLOCK, MARY	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GOODALE, JONI	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RIJOS, IVY	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DVA	<input type="checkbox"/> Delete
NAME	FERRELL, JANIS	
STREET ADDRESS	1221 LEE RD STE 103	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

Date

Daytime Phone

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90395 044 ***150.00

UUU44407



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3473639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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