

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010018

1. Entity Name

TITLEAMERICA, INCORPORATED

Principal Place of Business

1715 N WESTSHORE BLVD STE 150
TAMPA FL 33607

Mailing Address

1715 N WESTSHORE BLVD STE 150
TAMPA FL 33607-3911

2. Principal Place of Business

1715 N. Westshore Blvd.
Suite, Apt. #, etc.
Suite #990

3. Mailing Address

1715 N. Westshore Blvd.
Suite, Apt. #, etc.
Suite #990

City & State

Tampa, FL.

City & State

Tampa, FL.

Zip

33607

Country

Zip

33607

Country

4. FEI Number

59-3503594

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLALOCK, LANDERS, WALTERS AND VOGLER, P.A.
802-11TH STREET WEST
BRADENTON FL 34205

Name

HOMER G CABUSH, III CPA

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

4301 32ND ST W SUITE D-5

City

BRADENTON

FL

Zip Code

34205

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREBER, ALAN 1715 N WESTSHORE BLVD STE 150 TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90386 034 ***158.75