

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90410 005 ***158.75

0624344 AV

DOCUMENT # P98000010018

1. Entity Name

TITLEAMERICA, INCORPORATED

Principal Place of Business

**1715 N WESTSHORE BLVD
 STE 990
 TAMPA FL 33607**

Mailing Address

**1715 N WESTSHORE BLVD.
 STE 990
 TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7360 Bryan Dairy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Largo, FL

Zip

Country

Zip

Country

33777

USA

4. FEI Number

59-3503594

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

**GREBER, ALAN S
 1715 N WESTSHORE BLVD
 990
 TAMPA FL 33607**

Name

SAME

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

7360 BRYAN DAIRY RD.

STE. 200

City

LARGO

FL

Zip Code

33777

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

TITLE **P** ☐ Delete
 NAME **GREBER, ALAN**
 STREET ADDRESS **1715 N WESTSHORE BLVD STE 150**
 CITY-ST-ZIP **TAMPA FL 33607**

☒ Change ☐ Addition
 TITLE **7360 BRYAN DAIRY RD., SUITE 200**
 NAME **LARGO, FL 33777**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
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☐ Change ☐ Addition
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 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 #

CR2E034 (9/01)