

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90019 001 ***150.00

DOCUMENT # P98000014247

1. Entity Name

ASSURED TITLE SERVICES, INC.

Principal Place of Business

**20401 NW 2 AVE
 STE 220
 MIAMI FL 33169
 US**

Mailing Address

**20401 NW 2 AVE
 STE 220
 MIAMI FL 33169
 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

65-0815684

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

**BREVITT-SCHOOP, C MARIE
 20401 NW 2ND AVE, SUITE 224
 MIAMI FL 33169**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BREVITT-SCHOOP, C MARIE	
STREET ADDRESS	20401 NW 2ND AVE, SUITE 224	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHOOP, JOHN J	
STREET ADDRESS	20401 NW 2N AVE., STE. 224	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERNARD, MARLENE A	
STREET ADDRESS	20401 NW 2N AVE., STE. 224	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BERNARD, BASIL M	
STREET ADDRESS	20401 NW 2N AVE., STE. 224	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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 life empowered.

SIGNATURE:

C. Marie Brevitt-Schoop
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. MARIE BREVITT-SCHOOP

Date

Daytime Phone #

CR2E034 (9/01)