

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90571 030 ***150.00

DOCUMENT # P98000018212
1. Entity Name
REALTY TITLE SERVICES OF NORTHEAST FLORIDA, INC.

Principal Place of Business **Mailing Address**
2747 BLANDING BLVD. STE. 101 **P.O. BOX 2263**
MIDDLEBURG FL 32068 **MIDDLEBURG FL 32050-2263**

2. Principal Place of Business **3. Mailing Address**
2500 BLANDING BLVD.

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
SUITE 100

City & State **City & State**
MIDDLEBURG FL

Zip **Country** **Zip** **Country**
32068 FL USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
59-3495088 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
☐ **Fee Required**

6. Name and Address of Current Registered Agent
JOHNSON, DOUGLAS W
2500 BLANDING BLVD., STE. 100
MIDDLEBURG FL 32068

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**
[Signature] **DOUGLAS W. JOHNSON** **N/A** **1/25/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
(See criteria on back) **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** **Added to Fees**
☐ **Make Check Payable to Department of State** ☐

11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, DOUGLAS W
STREET ADDRESS	240 FOXTAIL AVE
CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, JOYCE L
STREET ADDRESS	240 FOXTAIL AVE
CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	D <input type="checkbox"/> Delete
NAME	TATUM, RAYMOND J JR
STREET ADDRESS	4027 EVERETTE AVE. #D
CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	D <input type="checkbox"/> Delete
NAME	TATUM, GINGER S
STREET ADDRESS	4027 EVERETTE AVE. #D
CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	

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 REQUIRED** **DOUGLAS W. JOHNSON Pres.** **1/25/02** **904-291-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

1-800-352-AI

CR2E034 (9/01)