

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90270 026 ***150.00

DOCUMENT # P98000018259

1. Entity Name
ALLEGIANCE TITLE AGENCY, INC.

Principal Place of Business
**2010 FAWSETT ROAD
 WINTER PARK FL 32789**

Mailing Address
**2010 FAWSETT ROAD
 WINTER PARK FL 32789**

2. Principal Place of Business
655 W. Morse Blvd.

Suite, Apt. #, etc.
Suite 212

City & State
Winter Park, FL

Zip
32789

Country

3. Mailing Address
655 W. Morse Blvd.

Suite, Apt. #, etc.

Suite 212

City & State
Winter Park, FL

Zip
32789

Country

4. FEI Number
59-3495609

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CLARK, SCOTT D
 369 N. NEW YORK AVENUE
 THIRD FLOOR
 WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name
Scott D. Clark
 Street Address (P.O. Box Number is Not Acceptable)
655 W. Morse Blvd., Suite 212
 City
Winter Park **FL** Zip Code
32789

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 

4/22/02

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

TITLE
DP ☐ Delete
 NAME
CLARK, THERESA M
 STREET ADDRESS
2010 FAWSETT ROAD
 CITY-ST-ZIP
WINTER PARK FL 32789

TITLE
DV ☐ Delete
 NAME
CLARK, SCOTT D
 STREET ADDRESS
2010 FAWSETT ROAD
 CITY-ST-ZIP
WINTER PARK FL 32789

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DP ☒ Change ☐ Addition
 NAME
Clark, Theresa M.
 STREET ADDRESS
655 W. Morse Blvd., Ste 212
 CITY-ST-ZIP
Winter Park, FL 32789

TITLE
DV ☒ Change ☐ Addition
 NAME
Clark, Scott D.
 STREET ADDRESS
655 W. Morse Blvd., Suite 212
 CITY-ST-ZIP
Winter Park, FL 32789

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:  **Theresa M. Clark**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2002

(407)647-7600

Date

Daytime Phone #

CR2E034 (9/01)