

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023253

1. Entity Name
ADVANCED TITLE SOLUTIONS, INC.

Principal Place of Business
**2295 CORPORATE BLVD NW, STE 134
BOCA RATON FL 33431**

Mailing Address
**2295 CORPORATE BLVD NW, STE 134
BOCA RATON FL 33431-7330**

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

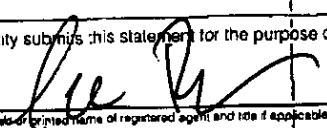
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRINKLER, MICHAEL A ESQ.
2295 CORPORATE BLVD NW, STE 134
BOCA RATON FL 33431**

Name **LEE ROTHMAN**
Street Address (PO Box Number is Not Acceptable) **2295 Corporate Blvd #134**
City **BOCA RATON FL** Zip Code **33431**

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 re-registering)

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, 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**

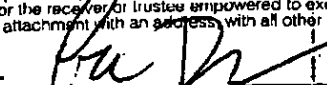
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROTHMAN, LEE MAX ESQ. 2295 CORPORATE BLVD NW, STE 134 BOCA RATON FL 33431	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TRINKLER, MICHAEL A ESQ. 2295 CORPORATE BLVD NW, STE 134 BOCA RATON FL 33431	☒ Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar 2 -FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03-20-2000 90085 045 ***150.00
00 APR 10 AM 9:50



DO NOT WRITE IN THIS SPACE

CR2004 (9/99)