2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023253

1. Entity Name

ADVANCED TITLE SOLUTIONS, INC.

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

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD NW. STE 134 BOCA RATON FL 33431	2295 CORPORATE BLVD NW. STE 134 BOCA RATON FL 33431-7330

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name: LEE ROTHMAN
Street Address (P.O. Box Number Is Not Acceptable): 2295 Corporate Blvd #134
City: BOCA RATON FL 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

4/10

CR2E034 (9/99)

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: ____________________ Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR