

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035990

1. Entity Name

SUWANNEE TITLE SERVICES, INC.

Principal Place of Business

114 NE 1ST ST
TRENTON FL 32693

Mailing Address

114 NE, 1ST ST
TRENTON FL 32693

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 59-3510668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURT, THEODORE M
114 NE 1ST ST
TRENTON FL 32693

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

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, 2001 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
EDWARDS, MARGARET
13450 NE 20TH AVE
TRENTON FL 32693 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EDWARDS, MIKE
13450 NE 20TH AVE
TRENTON FL 32693 ☐ 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

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
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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 #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90274 015 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

BURT & FEATHER
Attorneys at Law
114 Northeast First Street
Post Office Box 308
Trenton, Florida 32693

fax (352) 463-6908

823486

P98000035990

Gentlemen:

Yours truly,

Susan Hardy

Susan Hardyman
Legal Assistant

/sh

Enclosures: Report
 Check

7919.doc

Donna Lopez

STREET 60 TO ROAD 100 AND 100 TO 200
 DISTRICTS 100 TO 200 AND 200 TO 300
 DISTRICTS 300 TO 400 AND 400 TO 500