

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90075 001 ***450.00

DOCUMENT # P98000047047

1. Entity Name

TITLE SERVICES INCLUSIVE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2211 OAKLANE ROAD

Suite, Apt. #, etc.

3. Mailing Address
2211 OAKLANE ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
VALRICO, FLORIDA

Zip 33594

Country USA

City & State
VALRICO, FLORIDA

Zip 33594

Country USA

4. FEI Number
59-3570059

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ELIZABETH A. GRIFFIN

Street Address (P.O. Box Number is Not Acceptable)
2211 OAKLANE ROAD

City VALRICO

FL

Zip Code
33594

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

Elizabeth A. Griffin

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PVST
ELIZABETH A. GRIFFIN
2211 OAKLANE ROAD
VALRICO, FL 33594

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth A. Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. GRIFFIN

5/1/02 813-643-7710

Date

Daytime Phone #

CR20034B (12/01)