

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90468 001 ***300.00

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

DOCUMENT # **P** P98000063500

1. Entity Name

BROKERS TITLE OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2699 Lee Road

3. Mailing Address

same]

Suite, Apt. #, etc.

Suite 540

Suite, Apt. #, etc.

City & State

Winter Park, FL 32789

City & State

4. FEI Number

59-3523972

Applied For

Not Applicable

Zip
32789

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Reinhard G. Stephan

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

2699 Lee road, Ste. 540

City

Winter Park,

FL

Zip Code
32789

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 to 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
Reinhard G. Stephan PTD
2699 Lee Road, Ste. 540
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
Richard H. Adams, Jr.
2699 Lee Road, Ste. 540
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
Shawn Simon
2699 Lee Road, Ste. 540
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

Date

407-629-8870

Daytime Phone #

CR2E034B (12/01)