

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090036

1. Entity Name

A C N TITLE INSURANCE AGENCY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90043 047 ***150.00

Principal Place of Business

Mailing Address

31 OLD KINGS RD.,NORTH,STE.5
PALM COAST FL 32137

31 OLD KINGS RD.,NORTH,STE.5
PALM COAST FL 32137-8237

2. Principal Place of Business

3. Mailing Address

15 Cypress Branch Way
Suite, Apt. #, etc.
Suite 203

15 Cypress Branch Way
Suite, Apt. #, etc.
Suite 203

City & State
Palm Coast FL

City & State
Palm Coast FL

4. FEI Number 59-3537431

Applied For
Not Applicable

Zip 32164 Country Flagler

Zip 32164 Country Flagler

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

GIBBS, NICOLE R
31 OLD KINGS RD.,NORTH,STE.5
PALM COAST FL 32137

Name Gibbs, Nicole R
Street Address (P.O. Box Number is Not Acceptable)
15 Cypress Branch Way STE 203
City Palm Coast FL Zip Code 32164

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, 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 PD
NAME MCDERMOTT, SANDRA M
STREET ADDRESS 31 OLD KINGS RD.,NORTH,STE.5
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15 Cypress Branch Way Suite 203
CITY-ST-ZIP Palm Coast FL 32164

TITLE DVP
NAME STAGLIANO, ANTHONY
STREET ADDRESS 31 OLD KINGS RD.,NORTH,STE.5
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15 Cypress Branch Way Suite 203
CITY-ST-ZIP Palm Coast FL 32164

TITLE DT
NAME GIBBS, DAVID D
STREET ADDRESS 31 OLD KINGS RD.,NORTH,STE.5
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 15 Cypress Branch Way Suite 203
CITY-ST-ZIP Palm Coast FL 32164

TITLE SD
NAME GIBBS, NICOLE R
STREET ADDRESS 31 OLD KINGS RD.,NORTH,STE.5
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 15 Cypress Branch Way Suite 203
CITY-ST-ZIP Palm Coast FL 32164

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Nicole R. Gibbs

4-7-00

904-445-2100

Date

Daytime Phone #

CR2E034 (9/99)