

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90038 006 ***158.75

DOCUMENT # P98000098139

1. Entity Name

LEXINGTON TITLE AGENCY, INC.

Principal Place of Business

Mailing Address

10138 U.S. 19
PORT RICHEY FL 34668**10138 U.S. 19**
PORT RICHEY FL 34668**628141**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8410 U.S. Hwy 19

Suite, Apt. #, etc.

103

City & State

PORT RICHEY FL

City & State

Zip

34668

Country

USA

Zip

Country

4. FEI Number **59-3554616**

Applied For

Not Applicable

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

SMITH, MARGARET L
10138 U.S. 19
PORT RICHEY FL 34668

Name

DWYER, MARGARET L

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

10138 U.S. 19

City

PORT RICHEY

FL

Zip Code

34668

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

Margaret L Dwyer

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

(NOTE: Registered Agent signature required when reinstating)

2/7/01

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 State10. 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	STD	<input type="checkbox"/> Delete
NAME	SMITH, MARGARET L	
STREET ADDRESS	10138 U.S. 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GALLAGHER, CRAIG	
STREET ADDRESS	10138 U.S. 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOWER, LORI	
STREET ADDRESS	10138 U.S. 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, MARGARET L.	
STREET ADDRESS	10138 U.S. 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWRY, LORI	
STREET ADDRESS	10138 U.S. 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Margaret L Dwyer

Date

2/7/01

Daytime Phone #

727-862-5003

CR2E034 (10/00)