

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**  
 05-01-2000 90430 035 \*\*\*150.00

**DOCUMENT # P98000100826**

1. Entity Name

**AMERICAN UNITED TITLE SERVICES, INC.**

Principal Place of Business

6220 MANATEE AVE W STE 404  
 BRADENTON FL 34209

Mailing Address

6220 MANATEE AVE W STE 404  
 BRADENTON FL 34209-2363

2. Principal Place of Business

1720 Manatee Ave W  
 Suite, Apt. #, etc.

3. Mailing Address

1720 Manatee Ave W  
 Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0881525

Applied For

Not Applicable

Zip

Country

34205

USA

Zip

34205

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, D T  
 6220 MANATEE AVE W STE 404  
 BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name: LAMBRECHT, Margaret P.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1720 Manatee Ave W  
 City: Bradenton FL Zip Code: 34205

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 P. Lambrecht*  
 MARGARET P. Lambrecht 4-27-00  
 (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

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D. Turner Matthews
STREET ADDRESS	1720 Manatee Ave W
CITY-ST-ZIP	Bradenton FL 34205
TITLE	Director, Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Margaret P. Lambrecht
STREET ADDRESS	1720 Manatee Ave W
CITY-ST-ZIP	Bradenton FL 34205
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:

*Margaret P. Lambrecht*  
 Margaret P. Lambrecht, Dir. 4-27-00 941-794-8722  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)