

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107457

1. Entity Name

ONE GUY TITLE SERVICES, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90019 006 ***150.00

Principal Place of Business

Mailing Address

811 EAST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

811 EAST HILLSBORO BLVD.
DEERFIELD BEACH FL 33441-3521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0884388

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

RAPP, MICHELLE
750 EAST SAMPLE ROAD
BUILDING 3, SUITE 232
POMPANO BEACH FL 33064

Name

GUY EWING

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

811 E. Hillsboro Blvd.

City

Deerfield Beach

FL

Zip Code

33441

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

Guy Ewing - President & Registered Agent

4/14/2000

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 NAME STREET ADDRESS CITY-ST-ZIP
Michelle Rapp 750 E. Sample Rd # 232 Pompano Beach, FL 33064 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
President Guy Ewing 811 E. Hillsboro Blvd Deerfield Beach, FL 33441 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

Guy Ewing

4/14/00 954/480-6990