

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000000163

1. Entity Name

American Surety Land Title, Inc.

Principal Place of Business

Mailing Address

11761 Beach Blvd, Suite 11
Jacksonville, Florida 3224611761 Beach Blvd. Suite 11
Jacksonville, Florida 32246

2. Principal Place of Business

11761 Beach Blvd.

3. Mailing Address

11761 Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11

Suite 11

City & State

Jacksonville Florida

City & State

Jacksonville, Florida

Zip

32246

Country

Duval

Zip

32246

Country

Duval

4. FEI Number

59-3554753

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

BOWMAN, FLORA W.
11761 BEACH B.VD. SUITE 11
JACKSONVILLE, FL 32246

Name

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

City

FL

Zip Code

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 changing)

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	D/P/S/T	<input type="checkbox"/> Delete
NAME	BOWMAN, FLORA W.	D/P/S/T
STREET ADDRESS	11761 BEACH BLVD. SUITE 11	
CITY-ST-ZIP	JACKSONVILLE, FL. 32246	

TITLE	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, FLORA W.	
STREET ADDRESS	11761 BEACH BLVD. SUITE 11	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHROEDER, PAMELA	
STREET ADDRESS	3536 UNIVERISTY BOULEVARD NORTH #21	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	

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

TITLE	PAST	<input checked="" type="checkbox"/> Delete
NAME	BOWMAN, FLORA W	
STREET ADDRESS	3536 UNIVERSITY BLVD. NORTH #211	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	

TITLE	D/EVP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOUNTAIN, V.T.	
STREET ADDRESS	11761 BEACH BLVD. SUITE 11	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32246	

TITLE	EVPS	<input checked="" type="checkbox"/> Delete
NAME	SCHROEDER, PAMELA	
STREET ADDRESS	3536 UNIVERSITY BLVD. N. #211	
CITY-ST-ZIP	JACKSONVILLE FL 3227	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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

June 25, 2001 904-642-1266

Daytime Phone #

CR2E034 (11/00)

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American Surety Land Title Inc.

11761 Beach Boulevard - Suite 11 -- Jacksonville, Florida 32246

Telephone: 904-642-1266

FAX: 904-564-9112

July 6, 2001

Tyrone Scott
Document Specialist
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Scott:

SUBJECT: AMERICAN SURETY LAND TITLE, INC.

Ref. Number: P99000000163

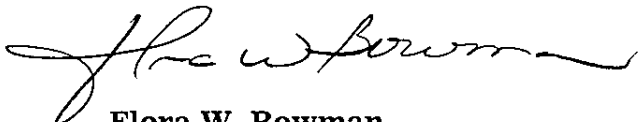
Referencing our telephone conversation of date, enclosed is a copy of a letter, dated June 28, 2001, we received yesterday from the ANNUAL REPORT SECTION of the Division of Corporations.

They are asking for the late fee which was waived in your letter of May 31, 2001 provided certain conditions were met. We met those conditions when we overnighted the forms required with our check (plus an additional \$8.75 for a certificate of status).

The reason for waiving the late fee was this office did not receive the renewal which was mailed to an old post office address.

Enclosed for your review is a copy of the letter referenced above, your letter to us plus a copy of our application and check. Your help in correcting this situation will be appreciated. Should you need additional information or require more date, please advise.

Thank you.



Flora W. Bowman
President