

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007345

1. Entity Name

SOUTHERN TITLE SERVICES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90002 044 ***150.00

Principal Place of Business
199 MYSTIC LAKE DRIVE N
ST. PETERSBURG FL 33702
9355 Seminole Blvd.
Seminole, FL 33772

Mailing Address
199 MYSTIC LAKE DRIVE N
ST. PETERSBURG FL 33702-6905
9355 Seminole Blvd.
Seminole, FL 33772

2. Principal Place of Business
9355 Seminole Blvd.
Suite, Apt. #, etc.

3. Mailing Address
9355 Seminole Blvd.
Suite, Apt. #, etc.

City & State
Seminole, FL

City & State
Seminole, FL

4. FEI Number
59-3569483
Applied For
☒ Not Applicable

Zip
33772
Country
Pinellas

Zip
33772
Country
Pinellas

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TUTT, JODY PHELPS
199 MYSTIC LAKE DRIVE N
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent
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 *Jody Phelps Tuttle, President* 1/31/00 - change of business address
JODY PHELPS TUTT, President/owner (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. ☐ **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	PVST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUTT, JODY PHELPS		NAME		
STREET ADDRESS	9355 SEMINOLE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUTT, JODY PHELPS		NAME		
STREET ADDRESS	9355 SEMINOLE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Jody Phelps Tuttle, President* 1/31/00 727-319-3668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)