

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020473

1. Entity Name

BRENTWOOD TITLE SERVICES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90019 035 ***150.00

Principal Place of Business

Mailing Address

765 BRENTWOOD POINT
NAPLES FL 33963

765 BRENTWOOD POINT
NAPLES FL 34110-7915

2. Principal Place of Business

P.O. Box 770535

3. Mailing Address

P.O. Box 770535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3561025

Applied For
Not Applicable

Zip

34107

Country

USA

Zip

34107

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: KENNETH P. ENGLER
Street Address (P.O. Box Number is Not Acceptable): 2318 MILL STREAM COURT
City: NAPLES FL Zip Code: 34109

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]

KENNETH P. ENGLER, SR./TR./DIR

1-7-2000

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

(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: PD
NAME: LYONS, SUSAN K
STREET ADDRESS: 765 BRENTWOOD POINT
CITY-ST-ZIP: NAPLES FL 33963 ☐ Delete

TITLE: VD
NAME: CROUCH, STEPHEN B
STREET ADDRESS: 765 BRENTWOOD POINT
CITY-ST-ZIP: NAPLES FL 33963 ☐ Delete

TITLE: STD
NAME: ENGLER, KENNETH P
STREET ADDRESS: 765 BRENTWOOD POINT
CITY-ST-ZIP: NAPLES FL 33963 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD
NAME: LYONS, SUSAN K.
STREET ADDRESS: 765 BRENTWOOD POINT
CITY-ST-ZIP: NAPLES, FL 34110 ☒ Change ☐ Addition

TITLE: VD
NAME: CROUCH, STEPHEN B.
STREET ADDRESS: 8805 TAMiami TRAIL N., PMB 222
CITY-ST-ZIP: NAPLES, FL 34108 ☒ Change ☐ Addition

TITLE: STD
NAME: ENGLER, KENNETH P.
STREET ADDRESS: 2318 MILL STREAM COURT
CITY-ST-ZIP: NAPLES, FL 34109 ☒ Change ☐ Addition

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN LYONS, PRES.

Date

1-7-2000 (941) 659-1646
Daytime Phone #