

DOCUMENT # 099000020842

1. Entity Name

ELKIN TITLE SERVICES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
9400 4th Street North Ste. 126
St Petersburg, FL 337022. Principal Place of Business
9400 4th Street North3. Mailing Address
9400 4th Street NorthSuite, Apt. #, etc.
126Suite, Apt. #, etc.
Ste. 126

DO NOT WRITE IN THIS SPACE

City & State
St Petersburg, FL 33702City & State
St Petersburg, FL 337024. FEI Number
59-3570332Applied For
Not ApplicableZip
33702Country
USAZip
33702Country
USA5. Certificate of Status Desired - ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Barry M. Elkin
9500 Koger Blvd, Ste 104
St Petersburg, FL 33702

7. Name and Address of New Registered Agent

Name
Barry M. Elkin, Esq.
Street Address (P.O. Box Number is Not Acceptable)
9400 4th Street North Ste 126City St Petersburg, FL FL Zip Code
33702

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

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 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
NAME Senior Vice Pres./Secr./Treas. ☒ Delete
STREET ADDRESS
CITY-ST-ZIP Suzanne Whitaker
8375 78th Ave. North
Largo, FLTITLE
NAME Secretary/Treasurer ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP Stephanie Pollard
1515 Eden Isle Blvd. N.E.
St Petersburg, FL 33704TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME Vice President ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP Sue M. Geigle
1737 Robinhood Lane
Clearwater, FL 33764TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 000003214270--S
-04/19/00--01040--002
****150.00 ****150.00TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP TS

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

3/23/00

Daytime Phone #