

2000 UNIFORM BUSINESS REPORT (UBR)

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

07-21-2000 90156 014 ***150.00

DOCUMENT # P99000024733

1. Entity Name
ACCELERATED TITLE CO.

Principal Place of Business
 10022 12TH WAY NORTH STE. 208
 ST. PETERSBURG FL 33716-4392

Mailing Address
 10022 12TH WAY NORTH STE. 208
 ST. PETERSBURG FL 33716-4392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5405 Cypress Center Dr.

3. Mailing Address
5405 Cypress Center Dr.

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-3566385

Applied For
 Not Applicable

Zip
33609

Country
USA

Zip
33609

Country
USA

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

6. Name and Address of Current Registered Agent

PAPPAS, JAMES T
 10022 12TH WAY NORTH STE. 208
 ST. PETERSBURG FL 33716-4392

Name

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

5405 Cypress Center Dr #210

City

Tampa

FL

Zip Code

33609

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
JAMES T. PAPPAS
President
5405 Cypress Center Dr. #210
TAMPA FL 33609

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

Date

Daytime Phone #

4-28-00

CR2E034 (5/00)