

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024733

1. Entity Name
ACCELERATED TITLE CO.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90961 011 ***158.75

Principal Place of Business

5405 CYPRESS CENTER DR
210
TAMPA FL 33609
US

Mailing Address

5405 CYPRESS CENTER DR
210
TAMPA FL 33609
US

2. Principal Place of Business

405 N. Reo street
Suite, Apt. #, etc.
165

3. Mailing Address

405 N. Reo street
Suite, Apt. #, etc.
165

City & State

Tampa FL

City & State

Tampa FL

Zip

33609

Country

USA

Zip

33609

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3566385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, JAMES T
5405 CYPRESS CENTER DR #210
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name James T Pappas
Street Address (P.O. Box Number is Not Acceptable)
405 N. Reo street
165
City Tampa FL Zip Code 33609

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 re-registering)

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, 2001 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 P
NAME PAPPAS, JAMES T ☐ Delete
STREET ADDRESS 5405 CYPRESS CENTER DR #210
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Pappas James T ☒ Change ☐ Addition
STREET ADDRESS 405 N Reo St. #165
CITY-ST-ZIP Tampa FL 33609

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

James T. Pappas - President
4-27-01 813-785-6685

CR2E034 (10/00)