

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90088 001 ***150.00

DOCUMENT # P99000031926

1. Entity Name

TWIN CITIES LAND TITLE, INC.

Principal Place of Business

**774 EAST JOHN SIMS PKWY.
NICEVILLE FL 32578**

Mailing Address

**774 EAST JOHN SIMS PKWY.
NICEVILLE FL 32578**

2. Principal Place of Business

862 W. John Sims Parkway

3. Mailing Address

862 W. John Sims Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville, FL.

City & State

Niceville, FL.

Zip

32578

Country

USA

Zip

32578

Country

USA4. FEI Number **59-3564640**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MILES, MICHAEL W
140 MENZEL ST
VALPARAISO FL 32580**

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

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, 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	<input type="checkbox"/> Delete
NAME	MILES, LISA A	
STREET ADDRESS	774 EAST JOHN SIMS PARKWAY	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE	VP	<input type="checkbox"/> Delete
NAME	MILES, MICHAEL W	
STREET ADDRESS	774 EAST JOHN SIMS PARKWAY	
CITY-ST-ZIP	NICEVILLE FL 32578	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, LISA A.	
STREET ADDRESS	862 W. John Sims Parkway	
CITY-ST-ZIP	Niceville, FL. 32578	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, MICHAEL W.	
STREET ADDRESS	862 W. John Sims Parkway	
CITY-ST-ZIP	Niceville, FL. 32578	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:*Lisa A. Miles***Lisa A. Miles****4/17/01****(850) 729-1211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)