

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90088 044 \*\*\*150.00

**DOCUMENT # P99000041387**

1. Entity Name

**AET TITLE SERVICES, INC.**

Principal Place of Business

**341 E. FORSYTH ST.  
JACKSONVILLE FL 32202**

Mailing Address

**341 E. FORSYTH ST.  
JACKSONVILLE FL 32202-2822**

2. Principal Place of Business

**4417 Beach Boulevard #105**

3. Mailing Address

**4417 Beach Boulevard, #105**

Suite, Apt. #, etc.

**105**

Suite, Apt. #, etc.

**105**

City & State

**Jacksonville, Florida**

City & State

**Jacksonville, Florida**

4. FEI Number

**59-3575543**

Applied For

Not Applicable

Zip  
**32207**

Country  
**Duval**

Zip  
**32207**

Country  
**Duval**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RIEBSAME, JOHN F  
341 E. FORSYTH ST.  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

**Riebsame, John F.**

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

**4417 Beach Boulevard**

Suite 105

City

**Jacksonville**

**FL**

Zip Code  
**32207**

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

*John F. Riebsame*  
**JOHN F. RIEBSAME**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-16-2000**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Christine W. Riebsame  
2188 Moonlight Ct.  
Jacksonville, Fla. 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary/Treasurer  
John F. Riebsame  
2188 Moonlight Court  
Jacksonville, Fla. 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary/Treasurer  
John F. Riebsame  
2188 Moonlight Court  
Jacksonville, Fla. 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary/Treasurer  
John F. Riebsame  
2188 Moonlight Court  
Jacksonville, Fla. 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary/Treasurer  
John F. Riebsame  
2188 Moonlight Court  
Jacksonville, Fla. 32224** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary/Treasurer  
John F. Riebsame  
2188 Moonlight Court  
Jacksonville, Fla. 32224** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN F. RIEBSAME**

Date

Daytime Phone #

**3-16-2000 (904) 379-2121**