

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041745

1. Entity Name  
THE TITLE SOURCE OF TAMPA, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
235 21ST AVE., S.E. 235 21ST AVE., S.E.  
ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705

2. Principal Place of Business 3. Mailing Address  
1200 W. Cass Street 1200 W Cass Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Tampa, FL 33606 Tampa, FL  
Zip Country Zip Country  
33606 U.S. 33606 U.S.



REINSTATEMENT

2000

4. FEI Number 59-3576918  
Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PARKER, JANICE S  
235 21ST AVE., S.E.  
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent  
Name Janice Parker  
Street Address (P.O. Box Number is Not Acceptable)  
1200 W. Cass Street  
City Tampa FL Zip Code 33606

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 Kerry M. Powder Comptroller 9/10/00  
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.  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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Janice S. Parker 1200 W. Cass Street Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003493327--8 -12/11/00--01036--026 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Janice S. Parker 1200 W. Cass Street Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003493327--8 -12/11/00--01036--027 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Janice S. Parker 1200 W. Cass Street Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Comptroller Kerry M. Powder 1200 W. Cass Street Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Kerry M. Powder REQUIRED 09/10/00 913-251-7375  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (5/00)