

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041745

1. Entity Name

THE TITLE SOURCE OF TAMPA, INC.

FILED

00 NOV 20 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

235 21ST AVE., S.E.
ST. PETERSBURG FL 33705

Mailing Address

235 21ST AVE., S.E.
ST. PETERSBURG FL 33705

2. Principal Place of Business

1200 W. Cass Street

3. Mailing Address

1200 W Cass Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL 33606

City & State

Tampa, FL

Zip

33606

Country

U.S.

Zip

33606

Country

U.S.

4. FEI Number

59-3576818

Applied For

Not Applicable

5. 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.
(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	President	<input type="checkbox"/> Delete
NAME	Janice S. Parker	
STREET ADDRESS	1200 W. Cass Street	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Janice S. Parker	
STREET ADDRESS	1200 W. Cass Street	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Janice S. Parker	
STREET ADDRESS	1200 W. Cass Street	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	Comptroller	<input type="checkbox"/> Delete
NAME	Kerry M. Powder	
STREET ADDRESS	1200 W. Cass Street	
CITY-ST-ZIP	Tampa, FL 33606	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003493327--8	
STREET ADDRESS	-12/11/00--01036--026	
CITY-ST-ZIP	*****550.00 *****550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003493327--8	
STREET ADDRESS	-12/11/00--01036--027	
CITY-ST-ZIP	*****200.00 *****200.00	
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:

Kerry M. Powder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/00

Date

913-251-3325

Daytime Phone

CR2E034 (5/00)