

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90127 011 ***150.00

DOCUMENT # P99000045710

1. Entity Name

HUNTINGTON TITLE SERVICES, INC.



Principal Place of Business

201 W. CANTON AVE.

SUITE 150

WINTER PARK FL 32789

Mailing Address

201 W. CANTON AVE.

SUITE 150

WINTER PARK FL 32789

90003840



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, RHONDA

201 WEST CANTON AVENUE

SUITE 150

WINTER PARK FL 32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|----------------------------|---|------|
| TITLE | NAME | TITLE | NAME |
| P | MOORE, MICHAEL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 7575 HUNTINGTON PARK DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBUS OH 43235 | CITY-ST-ZIP | |
| VP | BRADLEY, BRUCE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 2733 CLARK DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | GROVE CITY OH 43123 | CITY-ST-ZIP | |
| T | HARMON, THOMAS J | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 3588 RIVERVALE DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBUS OH 43221-5626 | CITY-ST-ZIP | |
| S | MORTON, DANIEL W | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 83 ARDEN ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBUS OH 43214 | CITY-ST-ZIP | |
| AS | LIEBERSBACH, JOHN W | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 159 MISTY OAK PLACE | STREET ADDRESS | |
| CITY-ST-ZIP | COLUMBUS OH 43230 | CITY-ST-ZIP | |
| D | LAKE, RODNEY H | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | 7230 DONNYBROOK DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | DUBLIN OH 43017 | CITY-ST-ZIP | |

12. 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 10 or Block 11 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

1/10/03 614 480 6823

Date

Daytime Phone #

CR2E034 (10/02)