

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046632

1. Entity Name

SELLERS CHOICE TITLE INSURANCE, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90178 013 ***150.00

Principal Place of Business

Mailing Address

420 WEST BOYNTON BEACH BOULEVARD
BOYNTON BEACH FL 33426

420 WEST BOYNTON BEACH BOULEVARD
BOYNTON BEACH FL 33435-4027

2. Principal Place of Business

240 SE 23RD AVE

3. Mailing Address

P.O. Box 4221

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH, FL

Zip

33435

Country

FLA

Zip

33424

Country

USA

4. FEI Number

☒ 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

MATHEW, GEORGE W ESQ.
1325 SO. CONGRESS AVENUE
SUITE 104
BOYNTON BEACH FL 33426

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, 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 PTD ☐ Delete
NAME WALL, RICHARD T
STREET ADDRESS 420 WEST BOYNTON BEACH BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition
NAME WALL, RICHARD T.
STREET ADDRESS 500 CHAPEL HILL BLVD.
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/00 5617368290

CR2E034 (9/99)