

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90146 036 ***150.00

DOCUMENT # P99000063403

1. Entity Name
AMITY TITLE, INC.



Principal Place of Business
**35 WEST LEMON STREET
TARPON SPRINGS FL 34689**

Mailing Address
**35 WEST LEMON STREET
TARPON SPRINGS FL 34689**

2. Principal Place of Business

623 E. Tarpon Ave

Suite, Apt. #, etc.

Suite L

City & State

Tarpon Springs, FL

Zip

34689

Country

US

3. Mailing Address

623 E. Tarpon Ave

Suite, Apt. #, etc.

Suite L

City & State

Tarpon Springs, FL

Zip

34689

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3587395**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOUSKOUTIS, N. MICHAEL

35 WEST LEMON STREET 623 E. Tarpon Ave.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Kouskoutis, N. Michael

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

623 E. Tarpon Avenue

City

Tarpon Springs

FL

Zip Code

34689

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

1/21/2003

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

TITLE **CEO** ☐ Delete
NAME **ELLIOT, HERBERT**
STREET ADDRESS **35 WEST LEMON STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **P** ☐ Delete
NAME **MANK, AMITY M**
STREET ADDRESS **35 WEST LEMON STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **V** ☒ Delete
NAME **WHEELER, DALLAS J**
STREET ADDRESS **35 WEST LEMON STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **S** ☐ Delete
NAME **KOUSKOUTIS, N. MICHAEL**
STREET ADDRESS **35 WEST LEMON STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☒ Change ☐ Addition
NAME **Elliott, Herbert**
STREET ADDRESS **623 E. Tarpon Ave.**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **P** ☒ Change ☐ Addition
NAME **Mank, Amity M**
STREET ADDRESS **623 E. Tarpon Ave. Suite L**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ Change ☒ Addition
NAME **V / S**
STREET ADDRESS **Kouskoutis, N. Michael**
CITY-ST-ZIP **623 E. Tarpon Ave.**
Tarpon Springs, FL 34689

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Amity M. Mank

1/21/2003

Date

727-942-3632

Daytime Phone #

CR2E034 (10/02)