

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90076 002 ***150.00

DOCUMENT # P99000068413

1. Entity Name

TURNKEY TITLE CORPORATION

Principal Place of Business

ONE E. BROWARD BLVD.
SUITE 905
FORT LAUDERDALE FL 33301

Mailing Address

1117 PONCE DELEON DRIVE
FORT LAUDERDALE FL 33316-1360

2. Principal Place of Business

3696 N Federal Highway

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

Country

33308

USA

Zip

Country

33308

USA

4. FEI Number

65-0937697

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

Name

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

City

FL

Zip Code

STOLL, STEVEN M

1117 PONCE DELEON DRIVE

FORT LAUDERDALE FL 33316-1360

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)

Steven M. Stoll, President 2/6/01
and RA 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME STOLL, STEVEN M
STREET ADDRESS 1117 PONCE DELEON DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33316-1360

TITLE DPST ☒ Change ☐ Addition
NAME Steven M. Stoll
STREET ADDRESS 3696 N Federal Highway, Suite 300
CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 2/6/01 (954) 745-3500

CR2E034 (10/00)