

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074444

1. Entity Name

SUNSTATE TITLE SEARCH & EXAM, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90021 009 ***150.00

Principal Place of Business

Mailing Address

8290 COLLAGE PARKWAY
 SUITE 100
 FORT MYERS FL 33919

8290 COLLAGE PARKWAY
 SUITE 100
 FORT MYERS FL 33919-5157

2. Principal Place of Business

3. Mailing Address

8300 College Pkwy
 Suite, Apt. #, etc.
 Suite 103

8300 College Pkwy
 Suite, Apt. #, etc.
 Suite 103

City & State
 Ft Myers, FL

City & State
 Ft Myers, FL

Zip
 33919

Country
 US

Zip
 33919

Country
 US

4. FEI Number
 105-0943119

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

VREDEVOOGY, JO
 8290 COLLAGE PARKWAY
 SUITE 100
 FORT MYERS FL 33919

Name
 Jon Vredevoogd

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

8300 College Pkwy Suite 103
 City Ft Myers FL Zip Code 33919

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VREDEVOOGD, JON 8290 COLLAGE PARKWAY FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURLONG, JOSEPH A JR. 8290 COLLAGE PARKWAY FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jon Vredevoogd 8300 College Pkwy Suite 103 Ft Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (041)454-8055
 Date Daytime Phone #

CR2E034 (9/99)