

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081956

1. Entity Name

CONTACT ONE CLOSING SERVICES, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90014 029 ***150.00

Principal Place of Business

Mailing Address

16456 NORTH 115TH AVENUE
JUPITER FL 33478-6128

16456 NORTH 115TH AVENUE
JUPITER FL 33478-6128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

O'MEARA, SHANNON S
823 NORTH OLIVE AVENUE
WEST PALM BEACH FL 33401

Name Richard W. Glenn, Esq

Street Address (P.O. Box Number is Not Acceptable)
321 8th Street

City West Palm Beach

FL

Zip Code 33401

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 *Richard W. Glenn* Richard W. Glenn

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4-20-00

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 VSTD
NAME O'MEARA, JENNIFER S
STREET ADDRESS 16456 NORTH 115TH AVENUE
CITY-ST-ZIP JUPITER FL 33478-6128 ☐ Delete

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

TITLE PD
NAME GRIFFIN, LANE
STREET ADDRESS 2208 IDLEWILD ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Jennifer S. O'Meara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer S. O'Meara 4/20/2000 561-746-9683
746-6573

Date

Daytime Phone #

CR2E034 (9/99)