

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089212

1. Entity Name

TITLE EVIDENCE OF SOUTH FLORIDA, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90060 031 ***550.00

Principal Place of Business

321 8TH ST.
W. PALM BEACH FL 33401

Mailing Address

321 8TH ST.
W. PALM BEACH FL 33401

2. Principal Place of Business

3900 WOODLAKE BLVD
Suite, Apt. #, etc.
SUITE 314

3. Mailing Address

3900 WOODLAKE BLVD
Suite, Apt. #, etc.
SUITE 314

City & State

GREENACRES FL.

City & State

GREENACRES FL

Zip

33463

Country

USA

Zip

33463

Country

USA

4. FEI Number

05-0935425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINNER, HARRY M JR
7690 OAKMONT DR.
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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 (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: PRESIDENT ☐ Delete
NAME: HARRY PINNER JR
STREET ADDRESS: 7690 OAKMONT DR.
CITY-ST-ZIP: LAKE WORTH FL 33467

TITLE: VICE PRESIDENT ☐ Delete
NAME: LEO FISHER
STREET ADDRESS: 5040-C ELMHURST RD.
CITY-ST-ZIP: WEST PALM BEACH FL 33417

TITLE: TREASURER ☐ Delete
NAME: MARYALICE PINNER
STREET ADDRESS: 7690 OAKMONT DR.
CITY-ST-ZIP: LAKE WORTH FL 33467

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

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

TITLE: ☐ Change ☐ Addition
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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 #

8/25/00 561-964-5707

CR2E034 (5/00)