2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # P99000097513 1. Entity Name 02-13-2002 90285 036 ***150.00 TEAM TITLE SERVICES, INC. Mailing Address Principal Place of Business 2708 61ST STREET 3005 26 ST WEST SARASOTA FL 34242 STE D **BRADENTON FL 34205** 2. Principal Place of Business 4608 267 17. W 3. Mailing Address 4608 26 TATW DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0960326 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --7:- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELDMAN, MARC H Street Address (P.O. Box Number is Not Acceptable) 3908 26TH STREET W. SARASOTA FL 34243 Zip Code City 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. Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE □ Delete TITLE NAME PARODO, ANTHONY J NAME STREET ADDRESS 2708 61ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

Dautime Phone #

FILED