

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101826

1. Entity Name

PREFERRED REALTY TITLE AGENCY, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90005 030 ***150.00

Principal Place of Business

105 SANCHEZ DRIVE, W.
PONTE VEDRA BEACH FL 32080

Mailing Address

105 SANCHEZ DRIVE, W.
PONTE VEDRA BEACH FL 32080

2. Principal Place of Business

4319 Salisbury Rd. N.

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

Zip

32216 Duval

3. Mailing Address

4319 Salisbury Rd. N.

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, FL

Zip

32216 Duval



DO NOT WRITE IN THIS SPACE

4. FEL Number

59-3610723

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

FRANCIS, TERRI K
105 SANCHEZ DRIVE, W.
PONTE VEDRA BEACH FL 32080

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 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	PD	<input type="checkbox"/> Delete
NAME	LEWIS, MURRAY A	
STREET ADDRESS	148 WATER OAK DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FRANCIS, TERRI K	
STREET ADDRESS	105 SANCHEZ DRIVE, W.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32080	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TRAVIS, SHERRI E	
STREET ADDRESS	8080 GREAT VALLEY TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

TERRI K. FRANCIS, VP/DIR

5-1-00

Date

904-296-0741

Daytime Phone #

CR2E034 (9/99)