

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90370 008 \*\*\*150.00

**DOCUMENT # P99000101826**

1. Entity Name  
**PREFERRED REALTY TITLE AGENCY, INC.**

Principal Place of Business  
**4319 SALISBURY ROAD NORTH**  
**SUITE 100**  
**JACKSONVILLE FL 32216**

Mailing Address  
**4319 SALISBURY ROAD NORTH**  
**SUITE 100**  
**JACKSONVILLE FL 32216**

2. Principal Place of Business  
**4455-100 Baymeadows Rd.**  
 Suite, Apt. #, etc.  
**Suite 102**  
 City & State  
**Jacksonville, FL**  
 Zip  
**32217** Country  
**Duval**

3. Mailing Address  
**4455-100 Baymeadows Rd.**  
 Suite, Apt. #, etc.  
**Suite 102**  
 City & State  
**Jacksonville, FL**  
 Zip  
**32217** Country  
**Duval**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FRANCIS, TERRI K**  
**105 SANCHEZ DRIVE, W.**  
**PONTE VEDRA BEACH FL 32080**

4. FEI Number **59-3610723** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lewis, Murray A. 148 Water Oak Dr Ponte Vedra Bch, FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Francis, Terri K 105 Sanchez Dr W. Ponte Vedra Bch, FL 32080	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Knipper, Sharon L. 204 Governors Rd Ponte Vedra Bch, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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 all other lines empowered.

SIGNATURE: Terri K. Francis 3-13-02 904-739-3324  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)