

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106521

1. Entity Name

FOUR SEASONS TITLE SERVICES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90060 034 ***158.75

Principal Place of Business

3990 SHERIDAN STREET
SUITE 104
HOLLYWOOD FL 33021

Mailing Address

3990 SHERIDAN STREET
SUITE 104
HOLLYWOOD FL 33021

2. Principal Place of Business

3531 GRIFFIN ROAD

3. Mailing Address

3531 GRIFFIN ROAD

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

FT. LAUDERDALE FL.

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

USA

Zip

33312

Country

USA.

4. FEI Number

05-0975056

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

BATALLAS, WILLIAM H
3990 SHERIDAN STREET
SUITE 104
HOLLYWOOD FL 33021

Name

BATALLAS, WILLIAM H.

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

3531 GRIFFIN ROAD

City

FT. LAUDERDALE

FL

Zip Code

33312

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
BATALLAS, WILLIAM H
3990 SHERIDAN STREET
HOLLYWOOD FL 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2548873880

CR2E034 (9/99)