## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # V14463** Mar 14, 2000 8:00 am **Secretary of State** KEYSTONE TITLE AGENCY, INC. 03-14-2000 90006 020 \*\*\*158.75 Mailing Address Principal Place of Business 10138 US 19 10138 HS 19 **PORT RICHEY FL 34668-3743** PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3105698 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARGARET L SMITH, MARLE B Street Address (P.O. Box Number is Not Acceptable) 10138 US 19 PORT RICHEY FL 34668 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 (NOTE: Registered 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CEOD ☐ Addition TITLE TITLE Delete SMITH, MARLIE B NAME NAME 10138 US 19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL Addition Change ☐ Defete TITLE MOWRY, LORI NAME NAME STREET ADDRESS 10138 US 19 STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL CITY-ST-ZIP STD ☐ Delete TITLE TITLE MARGAGET L SMITH 10138 US 18 SMITH, MARGARET L NAME NAME STREET ADDRESS 10138 US 19 STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL CITY-ST-ZIP ☐ Delete TITLE STEPNEN NAME NAME 10138 WS 19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT BICHET Addition ☐ Delete TITLE TITLE FRANK PRIGEL NAME NAME 10138 45 19 STREET ADDRESS STREET ADDRESS PORT PICHET FL 34168 CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE TITLE SEE ADD'L NAME NAME STREET ADDRESS STREET ADDRESS NAMES ON ATTREM MENT CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.400

862 5003

Daytime Phone #

Continuation of No. 12 to Annual Report of KeyStone Title Agency, Inc.

## Additional Officers:

VP Jacqueline Cochran 10138 U. S. 19 Port Richey, FL 34668

VP Hilda Prince 10138 U.S. 19 -Port-Richey, FL 34668

VP Cathy Trongeau 10138 U.S. 19 Port Richey, FL 34668

Assistant Treasurer Christina Tucker 10138 U. S. 19 Port Richey, FL 34668