

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90134 032 ***158.75

DOCUMENT # V14463

1. Entity Name
KEYSTONE TITLE AGENCY, INC.

Principal Place of Business

**10138 US 19
PORT RICHEY FL 34668**

Mailing Address

**10138 US 19
PORT RICHEY FL 34668**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3105698**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SMITH, MARGARET L
10138 US 19
PORT RICHEY FL 34668**

Name **Dwyer, Margaret L.**

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

10138 US 19

City **Port Richey**

FL

Zip Code **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

Margaret R Dwyer

2/7/01

Signature, typed or printed name of registered agent and title if applicable

(NOT E-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, 2001 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	V	<input type="checkbox"/> Delete
NAME	PRINCE, HILDA	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOWRY, LORI	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	SMITH, MARGARET L	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WOLLAK, STEPHEN C	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRIGEL, FRANK	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	V	<input type="checkbox"/> Delete
NAME	COCHRAN, JACQUELINE	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trongeau, Cathy	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, CHRISTINA	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	CEOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwyer, Margaret L.	
STREET ADDRESS	10138 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
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		
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:

Margaret R Dwyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

**(727)
862-5003**

Daytime Phone #

CR2E034 (10/00)