

FILED
Apr 02, 2003 8:00 am
Secretary of State

03-17-2003 91067 023 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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
Suite, Apt. #, etc.

3. Mailing Address
SAME AS ABOVE
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

**DWYER
SWYER, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Margaret L. Dwyer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **PRINCE, HILDA**
STREET ADDRESS **10138 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **V** ☐ Change ☒ Addition
NAME **TRONGEAL, CATHY**
STREET ADDRESS **10138 US 19**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **PD** ☐ Delete
NAME **MOWRY, LORI**
STREET ADDRESS **10138 US 19**
CITY-ST-ZIP **PORT RICHEY, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☐ Delete
NAME **DWYER, MARGARET**
STREET ADDRESS **10138 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **TUCKER, CHRISTINA**
STREET ADDRESS **10138 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **PRIGEL, FRANK**
STREET ADDRESS **10138 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **COCHRAN, JACQUELINE**
STREET ADDRESS **10138 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 #

3/13/03 727-862-5003

CR2E034 (10/02)