

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

0353177

03-07-2001 90619 013 ***150.00

DOCUMENT # V24052

Entity Name

COURTESY TITLE, INC.

Principal Place of Business

**4033 HENDERSON BLVD.
TAMPA FL 33629**

Mailing Address

**4033 HENDERSON BLVD.
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3125081**

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

**RICKIS, VERONICA S
4033 HENDERSON BLVD.
TAMPA FL 33629**

Name **Veronica S. Dettman**

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

4033 Henderson Bv

City **Tampa**

FL

Zip Code **33629**

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

Veronica S. Dettman *FL/CA Veronica S. Rickis*

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	AVP			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MAHONEY, CAROLYN	4033 HENDERSON BLVD.	TAMPA FL 33629							
	T			<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	WEAVER, RYAN	4033 HENDERSON BLVD	TAMPA FL 33629							
	VP			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BARNABA, KAREN	4033 HENDERSON BLVD	TAMPA FL							
	P			<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	RICKIS, VERONICA S	4033 HENDERSON BL	TAMPA FL 33629							
	S			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SIMMS, NANCY	4033 HENDERSON BV	TAMPA FL 33629							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Veronica S. Dettman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/01

Date

Daytime Phone #

CR2E034 (10/00)