## 2002 Uniform Business Report (UBR)

## Mar 14, 2002 8:00 am DOCUMENT # 380700 **Secretary of State** 1. Entity Name PROFESSIONAL TITLE INSURANCE AGENCY. INC. 03-14-2002 90413 001 \*\*\*450.00 Principal Place of Business Mailing Address 3067 E COMMERCIAL BLVD 3067 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1366993 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent -- 7. Name and Address of New Registered Agent PETERS, DENNIS F Street Address (P.O. Box Number is Not Acceptable) 3067 E COMMERCIAL BLVD FORT LAUDERDALE FL 33308 City Zip Code 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. DATE (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETERS, DENNIS F NAME NAME CR2E034 3067 E COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition NAME MAGER, MARTHA A NAME STREET ADDRESS 3067 E. COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ₹ 5 TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME BABBITT, CATHERINE L. NAME STREET ADDRESS STREET ADDRESS 3067 E COMMERCIAL BLVD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE:

13. I hereby certify that the inform

indicated on this report or su of the corporation or the changed, or on an atta

tion suppli

or trustee

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CEMIJOER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

rt 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 appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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