

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 557215

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: ABSTRACT ASSOCIATES TITLE INSURANCE CORP.

Current Principal Place of Business:

17649 131ST TERR
JUPITER, FL 33478 US

New Principal Place of Business:

Current Mailing Address:

17649 131ST TERR
JUPITER, FL 33478 US

New Mailing Address:

FEI Number: 59-1793851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIES, J. WADE
17649 131ST TERRACE
JUPITER, FL 33458

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIES, J. WADE,
Address: 17649 131ST TERR
City-St-Zip: JUPITER FL,

Title: STD () Delete
Name: DAVIES, GAYLA J.,
Address: 17649 131ST TERR
City-St-Zip: JUPITER,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. WADE DAVIES

PD

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date