

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90437 044 ***150.00

DOCUMENT # P02000079001

1. Entity Name
ASSURANCE LAND TITLE & ESCROW, INC.



Principal Place of Business
**1646 RIVERS ROAD
GREEN COVE SPRINGS FL 32043**

Mailing Address
**1646 RIVERS ROAD
GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business
206 N. Orange Avenue

Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 1155

Suite, Apt. #, etc.

City & State
Green Cove Springs, FL

Zip
32043

Country
USA

City & State
Green Cove Springs, FL

Zip
32043

Country
USA

4. FEI Number
06-1639515

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HUNTER, SHARRI B
1646 RIVERS ROAD
GREEN COVE SPRINGS FL 32043**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	HUNTER, SHARRI B	
STREET ADDRESS	1646 RIVERS ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARRIE, LEON J III	
STREET ADDRESS	1620 RIVERS ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BRIDGES, KATHRYN H	
STREET ADDRESS	3784 SOUTHBANK CIRCLE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sharri B. Hunter* **Sharri B. Hunter** 1/8/2003 904-284-8012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)