

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90152 008 ***150.00

DOCUMENT # P02000086038

1. Entity Name
THE TITLE AGENT, INC.



Principal Place of Business
3600 S. STATE ROAD 7
46
MIRAMAR FL 33023

Mailing Address
3600 S. STATE ROAD 7
46
MIRAMAR FL 33023



2. Principal Place of Business
3600 S. State Rd 7
Suite, Apt. #, etc.
21
City & State
MIRAMAR, FL

3. Mailing Address
3600 S. State Rd 7
Suite, Apt. #, etc.
Suite 21
City & State
MIRAMAR, FL

CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number
11-3647195

Applied For
Not Applicable

Zip
33023

Country
BROWARD

Zip
33023

Country
BROWARD

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

6. Name and Address of Current Registered Agent

HEARNE, DONNA L
3600 S. STATE ROAD 7
46
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name
DONNA HEARNE, PA.
Street Address (P.O. Box Number is Not Acceptable)
3600 S. STATE ROAD 7
Suite 21
City
MIRAMAR FL Zip Code
33023

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 _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	P HEARNE, DONNA L 3600 S. STATE ROAD 7, SUITE 46 MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOBSON, BRIGETTE A 3600 S. STATE ROAD 7, SUITE 46 MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOBSON, BRIGETTE A 3600 S. STATE ROAD 7, SUITE 46 MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEARNE, DONNA L 3600 S. STATE ROAD 7, SUITE 46 MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attached list of addresses, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
Date: 1/29/03 Daytime Phone #: 9543740570

CR2E034 (10/02)