2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003
Secretary of State

DOCUMENT# P02000122988

Entity Name: A & N TITLE, INC.

Current Principal Place of Business:

PMB #407
145 S. ORLANDO AVENUE #8
MAITLAND, FL 32751

New Principal Place of Business:

1591 CHIPPEWA TRAIL
MAITLAND, FL 32751

Current Mailing Address:

PMB #407
145 S. ORLANDO AVENUE #8
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 73-1659271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUGUSTINE, LOVELLE
1591 CHIPPEWA TRAIL
MAITLAND, FL 32751 US

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AUGUSTINE, LOVELLE
Address: 1591 CHIPPEWA TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: VSD ( ) Delete
Name: POZO, BRENDA
Address: 679 LAKE HARBOR CIRCLE
City-St-Zip: EDGEWOOD, FL 32809

Title: TD ( ) Delete
Name: G. DOUGLAS NAIL,
Address: 1413 HARBIN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change ( ) Addition
Name: AUGUSTINE, LOVELLE
Address: 1591 CHIPPEWA TRAIL
City-St-Zip: MAITLAND, FL 32751

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

Title: PD (X) Change ( ) Addition
Name: G. DOUGLAS NAIL,
Address: 1413 HARBIN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

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: LOVELLE AUGUSTINE VTD 01/23/2003

Electronic Signature of Signing Officer or Director — Date