FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90031 049 ***150.00

DOCUMENT # P98000050066

1. Entity Name
SOUTHEAST TITLE INSURANCE OF THE SUNCOAST, INC.

Q00J0006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
2190 MANNER BLVD		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: SPRING HILL, FL	City & State: FL	4. FEI Number: 59-3516264 ☐ Applied For ☐ Not Applicable
Zip: 34609 Country: HERNANDO	Zip: Country:	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES G. SMITH

Street Address (P.O. Box Number is Not Acceptable): 5176 FLORENTINE CT

City: SPRING HILL, FL FL Zip Code: 34608

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/OWNER P.V.T.S JAMES G. SMITH D.C 5176 FLORENTINE CT SPRING HILL, FL 34608	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #