2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90853 015 ***158.75

DOCUMENT # P98000050066

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

Principal Place of Business	Mailing Address
2168 MARINER BLVD SPRING HILL FL 34609	2168 MARINER BLVD SPRING HILL FL 34609

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2190 MARINER BLVD	2190 MARINER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING Hill, Fl	City & State: SPRING Hill, FL.
Zip: 34609 — Country: USA	Zip: 34609 — Country: USA

4. FEI Number 59-3516764 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JAMES G
2168 MARINER BLVD
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name: SMITH, JAMES G.
Street Address (P.O. Box Number is Not Acceptable): 2190 MARINER BLVD
City: SPRING Hill FL Zip Code: 34609

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, JAMES G 2168 MARINER BLVD SPRING HILL FL 34609	☐ Delete	P/D SMITH, JAMES G. 2190 MARINER BLVD SPRING Hill, Fl 34609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James G. Smith Jr. Pres. 1/10/03 352 683-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #