

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90260 009 ***150.00

0071379 AV

DOCUMENT # **P99000018473**



1. Entity Name
WATERFORD TITLE INSURANCE AGENCY, INC.

Principal Place of Business
**5532-B N.W. 43RD STREET
GAINESVILLE FL 32653**

Mailing Address
**5532-B N.W. 43RD STREET
GAINESVILLE FL 32653**

11013042



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3558359**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MOULTON, CLAUDE R
4422 N.W. 34TH DRIVE
GAINESVILLE FL 32605~~

Name **Reifel, Robert**
Street Address (P.O. Box Number is Not Acceptable)
1502 NW 6th St
City **Gainesville** FL Zip Code **32601**

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 *[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	D <input checked="" type="checkbox"/> Delete
NAME	MOULTON, CLAUDE R
STREET ADDRESS	4422 N.W. 34TH DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32605-6002
TITLE	D <input type="checkbox"/> Delete
NAME	BOSSHARDT, CAROL R
STREET ADDRESS	5542 N.W. 43RD STREET
CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	D <input type="checkbox"/> Delete
NAME	KRAGIEL, LUCIAN
STREET ADDRESS	1502 N.W. 6TH ST
CITY-ST-ZIP	GAINESVILLE FL 32601
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reifel, Robert
STREET ADDRESS	1502 NW 6th St
CITY-ST-ZIP	Gainesville, FL 32601
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)