2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000027070

Entity Name: NAPLES TITLE, INC.

City-St-Zip:

NAPLES, FL 34116

FILED Apr 03, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2277 TRADE CENTER WAY, STE 101				4947 NORTH TAMIAMI TRAIL	
NAPLES, F	FL 34109		204 NAPLES, FL 34103	US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2277 TRADE CENTER WAY, STE 101				4947 NORTH TAMIAMI TRAIL	
NAPLES, F	FL 34109		204 NAPLES, FL 34103	US	
FEI Number:	: 59-3710365	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
MORTENSEN, ANDREW G			TOOLE, TIMOTHY D	,	
101 JOHNNYCAKE DR NAPLES, FL 34110 US			4947 NORTH TAMIAN 204		
			NAPLES, FL 34103 U	JS	
	named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: TIMOTHY D. TOOLE				04/03/2002	
	Electron	ic Signature of Registered Ag	ent	Date	
		satisfy its Intangible Tax filing red Trust Fund Contribution ().	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	MORTENSEN,		Name:		
Address:	101 JOHNNYC		Address:		
City-St-Zip:	NAPLES, FL 3	1 110	City-St-Zip:		
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	TOOLE, TIMOT	HY D	Name:		
Address:	1136 LAKESHO	RE PL	Address:		
City-St-Zip:	NAPLES, FL 3	4103	City-St-Zip:		
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	DEANGELIS, J		Name:		
Address:	2316 HARRIER		Address:		
City-St-Zip:	NAPLES, FL 3	4105	City-St-Zip:		
Title:	D ()	Delete	Title:	() Change () Addition	
Name:	DIAMOND, DAV		Name:		
Address:	6132 WESTPO		Address:		

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.

City-St-Zip:

SIGNATURE: TIMOTHY D. TOOLE D 04/03/2002