

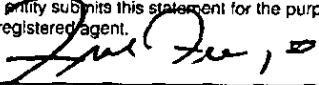
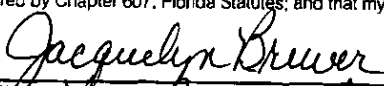


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90115 016 \*\*\*150.00

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<b>DOCUMENT # 524660</b>					
1. Entity Name <b>TREASURE COAST ABSTRACT AND TITLE INSURANCE CO.</b>					
Principal Place of Business <b>401 S INDIAN RIVER DRIVE FT. PIERCE FL 34950</b>		Mailing Address <b>401 S INDIAN RIVER DRIVE FT. PIERCE FL 34950</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1718704</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FEE, FRANK H III</b> <b>401 A S. INDIAN RIVER DRIVE</b> <b>FT. PIERCE FL 34950</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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 <b>17 Feb 03</b>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$150.00</b>					
<b>After May 1, 2003 Fee will be \$550.00</b>					
<b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
			<b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEE, FRANK H. III		NAME		
STREET ADDRESS	401A S. INDIAN RV. DR.		STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEE, LEVAN N.		NAME		
STREET ADDRESS	2821 S. INDIAN RIVER DR		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34982		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLTON, USA L		NAME		
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34950		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREWER, JACQUELYN B		NAME		
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34950		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, CONNIE S		NAME		
STREET ADDRESS	401 SOUTH INDIAN RIVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34950		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: <b>SIGNATURE REQUIRED</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>Jacquelyn Brewer</b> <b>Vice President</b>		
			Date: <b>2/26/03</b> Daytime Phone #: <b>772 461-7190</b>		

CR2E034 (10/02)