Mailing Address

TAMPA FL 33607-5007

3. Mailing Address

City & State

Suite, Apt. #, etc.

STEWART TITLE GUARANTY COMPANY

3401 WEST CPYRESS STREET

DOCUMENT # 006211

SECURITY ABSTRACT AND INSURANCE COMPANY

Country

6. Name and Address of Current Registered Agent

1. Entity Name

TAMPA FL 33601

Principal Place of Business

C/O STEWART TITLE GUARANTY CO.

3401 WEST CYPRESS ST., STE. 202

2. Principal Place of Business

HICKMAN, HAROLD

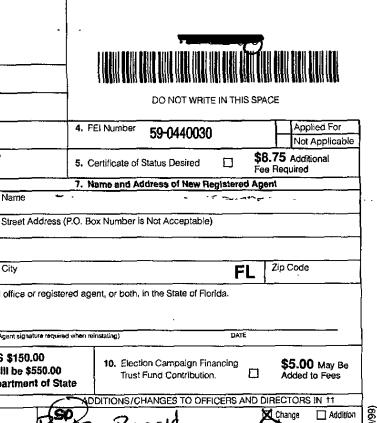
3401 WEST CYPRESS ST.

Suite, Apt. #, etc.

City & State

Zip

FILED May 17, 2000 8:00 am Secretary of State 04-20-2000 90091 013 ***150.00



TAMPA FL 33607				·				
			City		FL	Zip Code		
8. The above	named entity submits this statement for the	e purpose of changing its registe	ered office or registered a	gent, or both, in the State of Florida.				
SIGNATURE _	Signature, typed or printed name of registered agent and t	stle if applicable. (NOTE, Registr	ered Agent signature required when	reinstating)	DATE]
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financi Trust Fund Contribution.	ng 🗆) May Be to Fees	
11.	OFFICERS AND DIF	RECTORS 1:		DDITIONS/CHANGES TO OFFICE			3N ††] _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RENTZ, RONALD 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH FL	N S	ITLE AME TREET ADDRESS ITY-ST-ZIP	2 Ronald Elematis St., Sta Palm Bch, FL 33	20 34DI	Change	☐ Addition	2E034 /9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HICKMAN, HAROLD E. 3401 WEST CYPRESS TAMPA FL	N S	AME Treet address ITY-ST-ZIP			Change	Addition] [
TITLE NAME STREET ADDRESS CITY-SI-ZIP		M S	TITLE HAME TREET ADDRESS STYL-ST-ZIP TAR	nanjulimm (D w. Cypress SF npa, FL	<u>.</u>).	<u></u> Change	ddition	
TITLE MAME STREET ADDRESS CITY-SI-ZIP	·		ITLE NAME STREET ADDRESS NITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	3 30,000	IITLE VAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ntile Vame Street address City-St-Zip			☐ Change	☐ Addition	

Country

13. 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 dustee strong whereas to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00 813-8760619