

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/20

FILED

May 17, 2000 8:00 am  
Secretary of State

04-20-2000 90091 013 \*\*\*150.00

DOCUMENT # 006211

1. Entity Name

SECURITY ABSTRACT AND INSURANCE COMPANY

Principal Place of Business

C/O STEWART TITLE GUARANTY CO.  
3401 WEST CYPRESS ST., STE. 202  
TAMPA FL 33601  
US

Mailing Address

STEWART TITLE GUARANTY COMPANY  
3401 WEST CYPRESS STREET  
TAMPA FL 33607-5007  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-0440030

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKMAN, HAROLD  
3401 WEST CYPRESS ST.  
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered 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**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD  
NAME RENTZ, RONALD ☐ Delete  
STREET ADDRESS 1555 PALM BEACH LAKES BLVD.  
CITY-ST-ZIP WEST PALM BEACH FLTITLE SD ☒ Change ☐ Addition  
NAME RENTZ, Ronald  
STREET ADDRESS 319 Clematis St., Ste. 201  
CITY-ST-ZIP West Palm Bch, FL 33401TITLE PD  
NAME HICKMAN, HAROLD E. ☐ Delete  
STREET ADDRESS 3401 WEST CYPRESS  
CITY-ST-ZIP TAMPA FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☒ Addition  
NAME Hickman, Jimm D  
STREET ADDRESS 3401 W. Cypress St  
CITY-ST-ZIP Tampa, FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 trustee empowered 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00 863-8760619

CR2E034 (9/99)