2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 449325

1. Entity Name

FILED May 11, 2001 8:00 am Secretary of State

CLAY TO	TLE AND	ABSTRACT COMPA	NY					05-11-2001	-				
Principal Place of Business 44 MILWAUKEE AVE DRANGE PARK FL 32073			Mailing Address 344 MILWAUKEE AVE ORANGE PARK FL 32073-5	EE AVE									
2. Principal Place of Busin		ess	3. Mailing Address										
Suite, Apt. #, etc.		N. C.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State		4. 1	FEI Number	59-1557594			pplied For ot Applicable	}		
Zip		Country	Zip	Zip Counti							75 Additional Required		
	6. Name	and Address of Current I	Registered Agent			7. 1	Name and Ad	idress of New Reg	istered A	gent]	
		The Control of the Co			Name			•				1	
	IARDI, PHII MILWAUKE				Street Addres	ss (P.O. E	Box Number i	s Not Acceptable)				1	
ORAI	NGE PARK	FL 32073				·		150mm	i				
					City				FL	Zip Coo	ie		
8. The above		/ submits this statement for	r the purpose of changing its		ed office or regis			in the State of Florid	DATE				
9. This corporation is eligible to Tax filing requirement and el (See criteria on back)		and elects to do so.	After MAY 1, 20 Make Check Payal	001 Fee ble to D	epartment of S	State	Trust	on Campaign Finar Fund Contribution.		Adde	00 May Be d to Fees		
11.		変わりOFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	IANGES TO OFFIC	ERS AND			┨╗	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2301 PAF	II, PHILP IK AVE, #204 PARK, FL 00000	☐ Delete						,	Change	☐ Addition	CR2E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	010 4742		☐ Delete		1				,	Change	Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition		
TITLE Name Street address City-St-Zip			☐ Delete		1					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Park of the State	☐ Delete -		I 1					Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	entify that the	a information cumplied with	Delete	CITY	ET ADDRESS -ST-ZIP	Section	119 07/33/6\	Elorida Statutas I fi	urther cost	Change	Addition	-	
	recting that the	A THIS THIS COURS OF SUPPLIED WILLI	and mind aces not quality for	WIND CAL	すいたいくい ろははなび III	COULDIT	1 10.01(0)(1), [nomica otatutos. I It	いいい しせん	ու ասաւն Մե	CHOCKERUULI	,	

release 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.