## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # 473473** 1. Entity Name SUPERIOR TITLE AND GUARANTY CORP. 05-01-2001 90097 009 \*\*\*150.00 Principal Place of Business Mailing Address 1000 SOUTH FEDERAL HIGHWAY 1000 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 1000 Sifederal HWY lood Satideral Highway Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 4. FEI Number Applied For Beach 59-1581763 Not Applicable \$8.75 Additional **マ**゙ᢃҸҸ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARK, C. JUDY Street Address (P.O. Box Number is Not Acceptable) 1000 S. FEDERAL HIGHWAY 200 DEERFIELD BEACH FL 33441 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME PARK, C. JUDY NAME STREET ADDRESS 1000 S. FEDERAL HIGHWAY, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH. FL 33441 TITLE Delete TITLE Change Addition PARK, STEVEN H NAME STREET ADDRESS 1000 S. FEDERAL HIGHWAY, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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 supplied that the and accurate and that my fignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as the corporation of the corporation or the receiver of trustee empowered to execute this report as the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver o changed, or on an attach