



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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91391 028 \*\*\*150.00

<b>DOCUMENT # 500113</b>						
<b>1. Entity Name</b> GIBALTAR TITLE AND ESCROW COMPANY						
<b>Principal Place of Business</b> 100 GIBALTAR TOWER 2929 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL 33308-4214			<b>Mailing Address</b> 100 GIBALTAR TOWER 2929 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL 33308-4214			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		<b>4. FEI Number</b> 59-1660745		
Zip		Country		Applied For Not Applicable		
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>			
HOPKINS, PHILIP H. 100 GIBALTAR TOWER 2929 EAST COMMERCIAL BLVD. FT. LAUDERDALE FL			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
<b>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.</b>						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOPKINS, PHILIP H.	NAME				
STREET ADDRESS	2929 E. COMMERCIAL BLVD.	STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP				
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DUNCAN, LOIS A.	NAME				
STREET ADDRESS	2929 E. COMMERCIAL BLVD.	STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL	CITY-ST-ZIP				
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHLEIFER, MARGE J	NAME				
STREET ADDRESS	2929 E COMMERCIAL BLVD.	STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL	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				
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				
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				
<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>						
<b>SIGNATURE:</b> 			04/04/03		954 771 7601	
SIGNATURE OF TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			Date		Daytime Phone #	
PHILIP H. HOPKINS			President			

CR2034 (10/02)