2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 566810 Jan 19, 2000 8:00 am Secretary of State 1. Entity Name FIVE POINTS TITLE SERVICES CO., INC. 01-19-2000 90279 037 ***150.00 Principal Place of Business Mailing Address 8014 SW 135TH ST RD 8014 SW 135TH ST RD OCALA FL 34473 OCALA FL 34473-6807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1811722 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROCHE, NANCY Street Address (P.O. Box Number is Not Acceptable) 8014 SW 135TH ST RD OCALA FL 34473 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. DATE 1 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE Delete MCNELLEY, DONALD O NASAE NAME STREET ADDRESS 8014 SW 135TH ST RD STREET ADDRESS CITY-ST-ZIP **OCALA FL 34473** CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE ROCHE, NANCY NAME NAME 8014 SW 135TH ST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **OCALA FL 34473** CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete HUMMERHIELM, SHARON NAME STREET ADDRESS STREET ADDRESS 999 BRICKELL AVE SUITE 700 CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP DVP Change ☐ Addition Delete TITLE TITLE GRAM, ANTONY NAME NAME 8014 SW 135TH ST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34473** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

307-0796