

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

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

05-05-2003 90258 041 ***150.00

DOCUMENT # **587847**
1. Entity Name **Sun Title & Abstract**
4010 S 57th Ave #104
LAKE WORTH, FL 33463-4301



DO NOT WRITE IN THIS SPACE

90124310

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		City & State	
Country	Zip	Country	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-1854624		Applied For <input type="checkbox"/> No: Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title (if applicable)		(NOTE: Registered Agent signature required when reinstating)		DATE
January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President FRANKS McALONAN R-JR. 4010 57th Ave South Ste 204 LAKE WORTH FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Pres Francis R. McAlonan Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561
433 3132
Date: **5/24/03** Daytime Phone #

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

April 3, 2003

SUN TITLE & ABSTRACT CO
4010 S 57TH AVENUE
SUITE 104
LAKE WORTH, FL 33463-4301

Subject: SUN TITLE & ABSTRACT CO

Reference Number:

0000000440114

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/bg

ANNUAL REPORTS SECTION