


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

**FILED**  
**Jan 07, 2003 8:00 am**  
**Secretary of State**

01-07-2003 90020 016 \*\*\*150.00

<b>DOCUMENT #</b> 605516	
<b>1. Entity Name</b> THE GREAT AMERICAN TITLE COMPANY	

<b>Principal Place of Business</b> 7101 W MCNAB RD #200 TAMARAC FL 33321	<b>Mailing Address</b> 7101 W MCNAB RD #200 TAMARAC FL 33321
--	--

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
-------------------------	-------------------------

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
------------	----------------	------------	----------------



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-2560195	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---

<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>  ZIPPIN, ROBERT S 7101 W MCNAB RD #200 FORT LAUDERDALE, FL TAMARAC FL 33321	<b>7. Name and Address of New Registered Agent</b>  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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<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>																
<table border="1"><tr><td><b>TITLE</b></td><td><b>PVST</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>ZIPPIN, ROBERT S.</td></tr><tr><td><b>STREET ADDRESS</b></td><td>7101 W MCNAB RD 200</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>TAMARAC FL</td></tr></table>	<b>TITLE</b>	<b>PVST</b> <input type="checkbox"/> Delete	<b>NAME</b>	ZIPPIN, ROBERT S.	<b>STREET ADDRESS</b>	7101 W MCNAB RD 200	<b>CITY-ST-ZIP</b>	TAMARAC FL	<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PVST</b> <input type="checkbox"/> Delete																
<b>NAME</b>	ZIPPIN, ROBERT S.																
<b>STREET ADDRESS</b>	7101 W MCNAB RD 200																
<b>CITY-ST-ZIP</b>	TAMARAC FL																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="1"><tr><td><b>TITLE</b></td><td><b>D</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>ZIPPIN, ROBERT S.</td></tr><tr><td><b>STREET ADDRESS</b></td><td>7101 W MCNAB RD 200</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>TAMARAC FL</td></tr></table>	<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>NAME</b>	ZIPPIN, ROBERT S.	<b>STREET ADDRESS</b>	7101 W MCNAB RD 200	<b>CITY-ST-ZIP</b>	TAMARAC FL	<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete																
<b>NAME</b>	ZIPPIN, ROBERT S.																
<b>STREET ADDRESS</b>	7101 W MCNAB RD 200																
<b>CITY-ST-ZIP</b>	TAMARAC FL																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="1"><tr><td><b>TITLE</b></td><td><b>VP</b> <input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td>WASHBURN, DEBRA K</td></tr><tr><td><b>STREET ADDRESS</b></td><td>7101 WEST MCNAB RD #200</td></tr><tr><td><b>CITY-ST-ZIP</b></td><td>TAMARAC FL 33321</td></tr></table>	<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete	<b>NAME</b>	WASHBURN, DEBRA K	<b>STREET ADDRESS</b>	7101 WEST MCNAB RD #200	<b>CITY-ST-ZIP</b>	TAMARAC FL 33321	<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VP</b> <input type="checkbox"/> Delete																
<b>NAME</b>	WASHBURN, DEBRA K																
<b>STREET ADDRESS</b>	7101 WEST MCNAB RD #200																
<b>CITY-ST-ZIP</b>	TAMARAC FL 33321																
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Delete</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Delete	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>		<table border="1"><tr><td><b>TITLE</b></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY-ST-ZIP</b></td><td></td></tr></table>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>CITY-ST-ZIP</b>																	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
<b>NAME</b>																	
<b>STREET ADDRESS</b>																	
<b>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.

**SIGNATURE:**  **Robert S. Zippin** **President** **1/3/03** **954 720 1788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)