2000 UNIFORM BUSINESS REPORT (UBR)

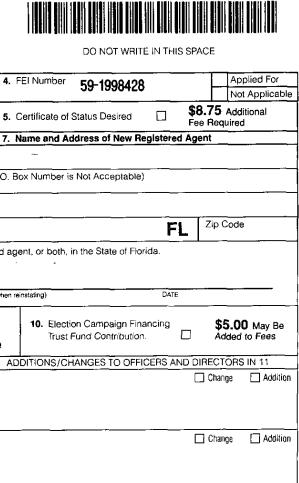
DOCUMENT # 670163

1. Entity Name

STEWART TITLE OF MARTIN COUNTY, INC. Mailing Address Principal Place of Business 1111 SE FEDERAL HWY iiii SE FEDERAL HWY - 128 STE 128 THEFT FL 34994-3802 STUART FL 34994-3802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Apr 05, 2000 8:00 am Secretary of State

04-05-2000 90119 048 ***150.00



				39 198	70420	No.	ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Des		\$8.75 Add Fee Require	
: }.	6. Name and Address of Current	Registered Agent		7. Name and Address of	New Registered /	Agent	
		and began the	Name	~			
HICKMAN, HAROLD 3401 W CYPRESS			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	E 202						
TAMPA FL 33607			City		FL	Zip Code	e
8. The above	named entity submits this statement for	or the purpose of changing its	s registered office or regist	ered agent, or both, in the State	of Florida.		
			•	•			
SIGNATURE .	Signature, typed or printed name of registered agent	MOX (majorbia	TE Registered Agent signature requir	ad when reinstating)	DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NO)	IE. Hegistered Agent signature reduir	ed with telustateig)			
Tax filing requirement and elects to do so. After MAY 1, 2000			ill FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of Si	I HUSEFURG COIL			May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO	O OFFICERS AND	DIRECTOR	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTERS, ROBERTA 1111 SE FED. HWY - #128 STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HICKMAN, HAROLD 3401 W CYPRESS, SUITE 202 TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ O∈lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition

13. Thereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

261-586-9310