

F05000003309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

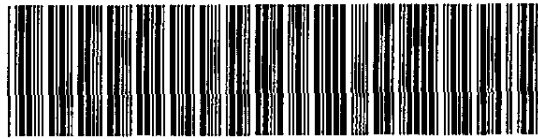
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAIL
out

Office Use Only

[Handwritten signature]



400055702434

06/06/05--01009--010 **78.75

RECEIVED
05 JUN -6 PM 1:18
DIVISION OF REGISTRATION

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Abstract and Research, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christopher L. Konzel
(Name of Person)

United Abstract and Research, Inc.
(Firm/Company)

45 Exchange Blvd., Suite 629
(Address)

Rochester, New York 14614
(City/State and Zip code)

For further information concerning this matter, please call:

Christopher L. Konzel at (585) 325-5970, ext. 101
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **United Abstract and Research, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **New York**

(State or country under the law of which it is incorporated)

3. **16-1601877**

(FEI number, if applicable)

4. **March 1, 2001**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **UPON QUALIFICATION**

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. **45 Exchange Blvd., Suite 629, Rochester, NY 14614**

(Principal office address)

45 Exchange Blvd., Suite 629, Rochester, NY 14614

(Current mailing address)

8. **TITLE INSURANCE AND ANY OTHER LAWFUL PURPOSE**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: **H.B. Stivers**

Office Address: **245 East Virginia Street**

Tallahassee

(City)

, Florida **32301**

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and business addresses of officers and/or directors:**

A. DIRECTORS

Chairman: Christopher L. Konzel

Address: 45 Exchange Blvd., Suite 629
Rochester, New York 14614

Vice Chairman: same as above

Address: same as above

Director: same as above

Address: same as above

Director: same as above

Address: same as above

B. OFFICERS

President: Christopher L. Konzel

Address: 45 Exchange Blvd., Suite 629
Rochester, New York 14614

Vice President: Lora A. Rosenthal

Address: 218 Manhattan Blvd.
Islip Terrace, New York 11752

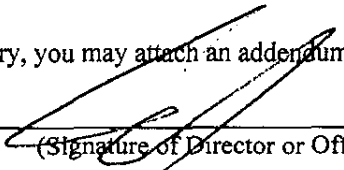
Secretary: Christopher L. Konzel

Address: 45 Exchange Blvd., Suite 629, Rochester, New York 14614

Treasurer: Christopher L. Konzel

Address: 45 Exchange Blvd., Suite 629, Rochester, New York 14614

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Christopher L. Konzel, president
(Typed or printed name and capacity of person signing application)

State of New York } **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of UNITED ABSTRACT AND RESEARCH, INC. was filed on 03/01/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 26th day of May
two thousand and five.*



Secretary of State

200505270129 38