

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G-49941

1. Entity Name

Investors Title Guaranty Corp

200006040802--6  
-06/26/02--01047--002  
\*\*\*\*900.00 \*\*\*\*900.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-02

2. Principal Place of Business

9497 So. Dixie Hwy  
Suite, Apt. #, etc. 151

3. Mailing Address

9497 So. Dixie Hwy  
Suite, Apt. #, etc. 151

City & State  
MIAMI FL 33156

City & State  
MIAMI FL 33156

4. FEI Number

59-232 6896

Applied For

Not Applicable

Zip  
33156

Country  
DAVE

Zip  
33156

Country  
DAVE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Michael S. Hargrave

Street Address (P.O. Box Number is Not Acceptable)  
9497 So. Dixie Hwy #151

City  
MIAMI

FL

Zip Code  
33156

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE Michael S. Hargrave

Signature, typed or printed name of registered agent and title if applicable.

(Not for Registered Agent signature required when reinstating)

DATE 6-14-01

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PRESIDENT	Michael S. Hargrave	12120 SW 68 CT	MIAMI, FL 33156

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/02  
Date

286-256-3494  
Daytime Phone #

js 6/25/02

CR2E034B (12/01)