FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90189 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G49941

1. Entity Name
INVESTOR'S TITLE AND GUARANTY CORPORATION

90138362

Principal Place of Business	Mailing Address
9497 SO DIXIE HWY SUITE 151 MIAMI, FL 33156	9497 SO DIXIE HWY SUITE 151 MIAMI, FL 33156

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Miami Fl		12657 So. Dixie Hwy	
Suite, Apt. #, etc. #327		Suite, Apt. #, etc. #327	
City & State Miami Fl		City & State Miami Fl	
Zip 33156	Country USA	Zip 33156	Country USA

4. FEI Number 59-2326896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAUGHUESSY, MICHAEL W.
9497 SO DIXIE HWY
SUITE 151
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name Michael Shaughnessy
Street Address (P.O. Box Number is Not Acceptable) 12657 So. Dixie Hwy
City Miami FL Zip Code 33156

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] (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE 5/24/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHAUGHNESSY, MICHAEL W		NAME		
STREET ADDRESS	12120 SW 68 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/24/03 (Date) 786-216-3194 (Daytime Phone #)

Attachment

90138362

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 29, 2003

MIKE SHAUGHNESSY
12651 S. DIXIE HWY., #327
MIAMI, FL 33156

SUBJECT: INVESTOR'S TITLE AND GUARANTY CORPORATION
Ref. Number: G49941

Pursuant to our telephone conversation of April 29, 2003, I am enclosing a pre-printed uniform business report.

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 any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist

Letter Number: 503A00025886