FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90739 012 ***150.00

DOCUMENT # G79297

1. Entity Name
U.S. TITLE SECURITY CO.

DO NOT WRITE IN THIS SPACE

B0123487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
637 Binnacle Dr.	637 Binnacle Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34103 Country: USA	Zip: 34103 Country: USA

4. FEI Number: 59-2364194 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: COHEN, B. ROBERTSON

Street Address (P.O. Box Number is Not Acceptable): 637 Binnacle Dr.

City: Naples FL Zip Code: 34103

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not starting)

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

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

11. OFFICERS AND DIRECTORS

TITLE: P D NAME: COHEN, B. ROBERTSON STREET ADDRESS: 637 Binnacle Dr. CITY-ST-ZIP: Naples, FL 34103		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: B. Robertson 5-24-02 239-261-4239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #