7/7, FILED 2000.UNIFORM BUSINESS REPÕRT (UBR) Jul 28, 2000 8:00 am **DOCUMENT # H71301** Secrétary of State 1. Entity Name 07-07-2000 90394 019 \*\*\*150.00 ALAMO TITLE COMPANY, INC. 07-28-2000 90001 019 \*\*\*400.00 Principal Place of Business Mailing Address 13825 U.S. 19 13825 U.S. 19 SUITE 400 SUITE 400 A0070072 HUDSON FL 34667 HUDSON FL 34867-1191 ШS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2563212 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHORT, JOHN M. Street Address (P.O. Box Number is Not Acceptable) 13825 U.S. 19, SUITE 400 HUDSON FL 34667 Zip Code City Fl 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE Delete TITLE NAME NAME SHORT, JOHN M STREET ADDRESS STREET ADDRESS 13825 U.S. 19. SUITE 400 CITY-ST-ZIP CITY-ST-7IP HUDSON FL Addition CT Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CHTY-ST-ZIP ☐ Addition Change \_\_\_\_\_ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | ☐ Delete ITTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an 29. Za

D OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE:





(727) 863-2955 • FAX (727) 862-5319 • 1-800-226-6592

June 29, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box-1500
Tallahassee, FL 32302-1500

Re: Report due on May 1, 2000

To Whom It May Concern:

I would first like to apologize for the lateness of this report. I was not aware that this had to be filed on or before May 1, 2000. My accountant and good friend, Paul Herdle, always took care of this for me in the past and was never late. He fell ill in the past couple of months and just recently past away. I just received the report yesterday, June 28, 2000, and noticed that if not turned in by May 1, 2000, that there would be a late fee. I ask that you please waive this fee. I have enclosed a check for \$150.00 and if need be, I can send or fax over a copy of the death certificate.

I am truly sorry for the inconvenience. If there is any problem, please contact me at (727) 863-2955. I thank you so much for your kind attention to this matter.

Sincerely,