

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78940

1. Entity Name

FLORIDA TITLE SEARCH & ABSTRACT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90190 027 ***150.00

Principal Place of Business

Mailing Address

808 SE 46 LANE
 STE 3
 CAPE CORAL FL 33904

808 SE 46 LANE
 STE 3
 CAPE CORAL FL 33904-8834

2. Principal Place of Business

3. Mailing Address

860 SE 46 Lane
 Suite, Apt. #, etc. B

860 SE 46 LN
 Suite, Apt. #, etc. B

City & State

City & State

CAPE CORAL FL

CAPE CORAL FL

Zip 33904

Country Lee

Zip 33904

Country Lee

DO NOT WRITE IN THIS SPACE

65-0977967

4. FEI Number 60-2589668

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CICIRETTI, ANGELO
 808 SE 46 LANE
 STE 3
 CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

860 SE 46 LN

City

CAPE CORAL

FL

Zip Code

33904

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CICIRETTI, ANGELO 808 SE 46 LANE #3 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CICIRETTI, ANGELO 808 SE 46 LANE #3 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CICIRETTI, ANGELO 808 SE 46 LANE #3 CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 860-B SE 46 LANE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 860-B SE 46 LANE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 860-B SE 46 LANE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE:

[Signature]

ANGELO CICIRETTI

4-26-00

941-560-2513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)