

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90251 026 \*\*\*150.00

**DOCUMENT # H93554**

1. Entity Name  
**UNIVERSAL LAND TITLE, INC.**



Principal Place of Business  
**1555 PALM BEACH LAKES BLVD.  
STE 1000  
WEST PALM BEACH, FL 33401**

Mailing Address  
**123 N.W. 13TH STREET  
SUITE 300  
BOCA RATON, FL 33432 US**

**60002875**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**1555 Palm Beach Lakes Blvd  
Suite 1000  
West Palm Beach, FL  
33401 USA**

01092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2630287**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANATATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 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  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VTD	<input type="checkbox"/> Delete
NAME	KELLER, DAVID	
STREET ADDRESS	4000 HOLLYWOOD BLVD, STE 500N	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PETERSON, PATRICIA	
STREET ADDRESS	4000 HOLLYWOOD BLVD, STE 500N	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	<del>KOTLER, RANDY</del> Kotler, Randy (correction)	
STREET ADDRESS	4000 HOLLYWOOD BLVD, STE 500-N	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	P	<input type="checkbox"/> Delete
NAME	GLASS, MICHAEL	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD., STE 1000	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael Glass President 1/10/06 (561)689-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #