

2 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J29242 n/c 04/18/2001

1. Entity Name

~~FIRST FINANCIAL TITLE CO. OF FLORIDA~~
First Southwestern Title Co. (TK)

Principal Place of Business Mailing Address
2627 NE 203rd Street
Suite 111
North Miami Beach, Fl. 33180

2. Principal Place of Business
2627 NE 203rd street
Suite, Apt. #, etc.
111

3. Mailing Address
Suite, Apt. #, etc.

City & State
North Miami Beach Fl
Zip
33180

City & State
Country

4. FEI Number
76-0194596

Applied For
Not Applicable

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

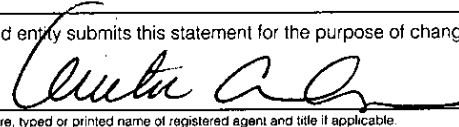
6. Name and Address of Current Registered Agent

Anita Dana
2250 Lucien Way # 200
Maitland, Fl 32751

7. Name and Address of New Registered Agent

Name Anita Dana
Street Address (P.O. Box Number is Not Acceptable)
2250 Lucien Way, # 200
City Maitland FL Zip Code 32751

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, 2001 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Anita Dana	
STREET ADDRESS	2250 Lucien Way, # 200	
CITY-ST-ZIP	Maitland, Fl 32751	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	David Kayton	
STREET ADDRESS	2128 N Bay Road	
CITY-ST-ZIP	Miami Beach, Fl 33140	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	James J. Justison	
STREET ADDRESS	1800 N. Andrews Avenue	
CITY-ST-ZIP	Et. Lauderdale, Fl 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90076 023 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)