

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J81208**1. Entity Name
STEWART TITLE OF FORT LAUDERDALE, INC.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90019 024 ***150.00

919527

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3401 WEST CYPRESS ST
SUITE 202
TAMPA FL 33607
US**

Mailing Address

**STEWART TITLE GUARANTY CO
3401 W CYPRESS STREET
TAMPA FL 33607
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0003888**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HICKMAN, HAROLD
3401 W. CYPRESS, STE-101-
TAMPA FL 33607**

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.

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: **DS** ☐ Delete
NAME: **RENTZ, RONALD**
STREET ADDRESS: **319 CLEMATIS ST. STE 207**
CITY-ST-ZIP: **WEST PALM BEACH FL 33401**TITLE: **PD** ☐ Delete
NAME: **HICKMAN, HAROLD**
STREET ADDRESS: **3401 WEST CYPRESS, STE 101**
CITY-ST-ZIP: **TAMPA FL**TITLE: **SD** ☐ Delete
NAME: **HICKMAN, JIMMY**
STREET ADDRESS: **3401 W CYPRESS ST**
CITY-ST-ZIP: **TAMPA FL**TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:TITLE: ☐ Change ☐ 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

Harold Hickman

Date

Daytime Phone #

1/30/01 1-813-8760619

CR2E034 (10/00)