

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 MAR 20 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #K32084

1. Entity Name

TITLE & ABSTRACT AGENCY OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4505 Woodland Corp. Blvd.

3. Mailing Address

4505 Woodland Corp. Blvd.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Zip

Country

Country

33614

USA

33614

USA

4. FEI Number

74-2511247

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

DO NOT WRITE
IN THIS SPACE

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P.D. Barry S. Fishman
20803-Biscayne Blvd., 300
Aventura, Florida 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005193071--6
-04/04/02--01067--030
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO D Gerald M. Shapiro
1166 W. Newport Center Dr.,
Suite 310, Deerfield Beach
FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D David S. Kreisman
4201 Lake Cook Road
Northbrook, IL 60062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Tom E. Paschen
28745 Walnut Grove
Mission Viejo, CA 92692

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP S T Sharon M. Litt
4505 Woodland Corp. Blvd.
Tampa, FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS

TITLE
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 on an attachment with an address, with or without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)