FILED
Aug 20, 2002 8:00 am
Secretary of State
07-21-2002 90015 007 ****50.00
03-25-2002 90168 025 ****55.00

3/25/2002-90168-02
* 7/21/2002-90015-

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018210

1. Entity Name

ALLIED ABSTRACT AND TITLE COMPANY, LLC

Principal Place of Business	Mailing Address
1121 GLEN GARRY CIRCLE WINTER PARK FL 32751	1121 GLEN GARRY CIRCLE WINTER PARK FL 32751

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Allied Abstract
Suite, Apt. #, etc.
209
City & State
maitland FL
Zip 32751 Country orange

3. Mailing Address
same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3741969 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, TINA
5910 BENT PINE DRIVE #308
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name JOHN E BELL III
Street Address (P.O. Box Number is Not Acceptable)
549 WINMORE RD North
Ste. 209
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 7-17-02
Signature(s) and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member ☐ Change ☐ Addition JOHN E BELL III 549 WINMORE RD N STE 209 maitland FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 7.17.02 407-647-3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #