

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000031146

FILED
Jan 05, 2003
Secretary of State

Entity Name: ELITE TITLE, LLC

Current Principal Place of Business:

225 S. SWOOPE AVENUE
SUITE 110
MAITLAND, FL 32751

New Principal Place of Business:

225 S. SWOOPE AVENUE
SUITE 110
MAITLAND, FL 327515786

Current Mailing Address:

225 S. SWOOPE AVENUE
SUITE 110
MAITLAND, FL 32751

New Mailing Address:

225 S. SWOOPE AVENUE
SUITE 110
MAITLAND, FL 327515786

FEI Number: 02-0637689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOTNICK, DAVID J
225 S. SWOOPE AVENUE
SUITE 110
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

BLOTNICK, DAVID J
225 S. SWOOPE AVENUE
SUITE 110
MAITLAND, FL 327515786 US

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: DAVID BLOTNICK

01/05/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BLOTNICK, DAVID J MR.
Address: 437 WOLDUNN CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Change (X) Addition
Name: NORMAND, THOMAS P
Address: 7300 ALOMA AVE
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID BLOTNICK

MGR

01/05/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date