2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006801

1. Entity Name
ALLSTATE TITLE GROUP, LLC

FILED
01 MAY -2 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4751 SAN JUAN AVE. SUITE 12 JAX, FL 32210	4751 SAN JUAN AVE SUITE 12 JACKSONVILLE, FL 32210

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3596244 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name LISA A. BETROS
Street Address (P.O. Box Number is Not Acceptable)
4751 SAN JUAN AVE. SUITE 12
City JACKSONVILLE, **FL** Zip Code 32210

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 Lisa A. Betros LISA A BETROS/Managing Member 4/30/01
Signature, typed or 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

400004303274--3
--05/23/01--01120--003
****50.00 ****50.00

9. MANAGING MEMBERS/MEMBERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE	Mgrm		TITLE		
NAME	Lisa A. Betros		NAME		
STREET ADDRESS	4751 San Juan Ave. Ste 12		STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, FL 32210		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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: Lisa A. Betros 4/30/01 (904) 384-3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #