

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90254 001 \*\*\*458.75

**DOCUMENT # M90196**

**1. Entity Name**  
**SUN TITLE & ABSTRACT CO. OF SOUTH FLORIDA, INC.**

**Principal Place of Business**  
**101 NORTH FEDERAL HWY.**  
**BOCA RATON FL 33432**

**Mailing Address**  
**101 NORTH FEDERAL HWY.**  
**BOCA RATON FL 33432**

**2. Principal Place of Business**  
**261 E. Palmetto Park Rd**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**261 E. Palmetto Park Rd**  
**Suite, Apt. #, etc.**

**City & State**  
**Boca Raton, FL**

**City & State**  
**Boca Raton, FL**

**4. FEI Number** **65-0060776**

**Applied For**  
**Not Applicable**

**Zip** **33432** **Country** **Palmetto Beach**

**Zip** **33432** **Country** **Palmetto Beach**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAGGERTY, DANIEL L.**  
**101 NORTH FEDERAL HIGHWAY**  
**BOCA RATON FL 33432**

**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]* **DATE** **4/25/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPS** ☐ **Delete**  
**NAME** **HAGGERTY, DANIEL**  
**STREET ADDRESS** **101 N. FEDERAL HWY., STE. A**  
**CITY-ST-ZIP** **BOCA RATON FL**

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

**TITLE** **DV** ☐ **Delete**  
**NAME** **NOTESTEIN, BONNIE P.**  
**STREET ADDRESS** **101 N. FEDERAL HWY., STE. A**  
**CITY-ST-ZIP** **BOCA RATON FL**

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

**TITLE** ☐ **Delete**  
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**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**

**Date**

**Daytime Phone #**

**4/25/02** **561-750-0740**