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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006864

1. Entity Name
Pelican Title Insurance Company

Principal Place of Business: 4947 Tamiami Trail North, Suite 202, Naples, Florida 34103
Mailing Address: Same

2. Principal Place of Business	3. Mailing Address
13141 McGregor Blvd.	13141 McGregor Blvd.
Suite, Apt. #, etc.: Suite 9	Suite, Apt. #, etc.: Suite 9
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33919 Country: USA	Zip: 33919 Country: USA

05/23/01-91154-045 $150.00

4. FEI Number ☒ Applied For ☐ Not Applicable

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
Jerald R. Pitkin, Esq.	Name: Raymond L. Schumann
4947 Tamiami Trail North	Street Address (P.O. Box Number is Not Acceptable): 13141 McGregor Boulevard
Suite 202	Suite 9
Naples, Florida 34103	City: Ft. Myers FL Zip Code: 33919

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] 7/2/01
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)

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres./Sec./Treas./Dir. ☐ Delete Jerald R. Pitkin 4947 Tamiami Trail North Naples FL 34103	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres./Director ☒ Change ☐ Addition Raymond L. Schumann 13141 McGregor Blvd. Ste. 9 Ft. Myers FL 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] Raymond L. Schumann 4/30/01 941-415-2525
Signature and Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #