2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am Secretary of State DOCUMENT # P00000015528 FLORIDA TOTAL TITLE SERVICES, INC. 03-12-2001 90009 035 ***150.00 Principal Place of Business Mailing Address 207 SWEETGUM CT. 207 SWEETGUM CT. WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 しりりろんりょり 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3628286 Not Applicable Country Zip Country Zip 5. Certificate of Status Desired Fee Required \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPKO, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 405 WAYMONT COURT, STE. 101 LAKE MARY FL 32746 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE JACOBS, WILLIAM A NAME NAME COBS, WILLIAM STREET ADDRESS 207 SWEETGUM CT. STREET ADDRESS SWEETGUM CT. CITY-ST-ZIP INTER SPRINGS CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS. ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with the 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 accurage 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: 4//

Weden Handon ANDS.

3/6/01 407-624-2700

FILED

Daytime Phone #