2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P00000015778

Entity Name: NEW HORIZONS TITLE & TRUST, INC.

Current Principal Place of Business:

4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY, FL 34228

New Principal Place of Business:

4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146

Current Mailing Address:

4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY, FL 34228

New Mailing Address:

4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146

FEI Number: 65-1008436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, ANTHONY J
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY, FL 34228

Name and Address of New Registered Agent:

VARELA, KAREN L
4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146

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: KAREN L VARELA 04/29/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: CLARK, LINDA A
Address: 4134 GULF OF MEXICO DRIVE SITE 302
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P ( ) Delete
Name: SCHIPPER, JAMES R
Address: 4134 GULF OF MEXICO DRIVE SITE 302
City-St-Zip: LONGBOAT KEY, FL 34228

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COLES, JASON D
Address: 301 N CATTLEMEN RD STE 205
City-St-Zip: SARASOTA, FL 34232

Title: D (X) Change ( ) Addition
Name: SCHIPPER, JAMES R
Address: 301 N CATTLEMEN RD STE 205
City-St-Zip: SARASOTA, FL 34232

Title: P ( ) Change (X) Addition
Name: VARELA, KAREN L
Address: 4000 PONCE DE LEON BLVD STE 470
City-St-Zip: CORAL GABLES, FL 33146

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON D COLES D 04/29/2003
Electronic Signature of Signing Officer or Director Date