

DOCUMENT # P00000058811

1. Entity Name

SUNLAND TITLE, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90007 006 ***150.00

Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108

Mailing Address

801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108

2. Principal Place of Business

1061 COLLIER CENTER WAY

3. Mailing Address

1061 COLLIER CENTER WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3

SUITE 3

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

34110

USA

Zip

Country

34110

USA

4. FEI Number

59-3672530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES F. DELOYE
801 LAUREL OAK DRIVE
SUITE 400
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name JAMES F. DELOYE

Street Address (P.O. Box Number is Not Acceptable)

1061 COLLIER CENTER WAY

City

SUITE 3
NAPLES

FL

Zip Code

34110

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)

4-25-02
DATE

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
If you may have a fee will be \$500.00
Make check payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES F. DELOYE 801 LAUREL OAK DRIVE, STE. 400 NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CYNTHIA L. BISHOP 801 LAUREL OAK DRIVE, STE. 400 NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1061 COLLIER CENTER WAY, STE. 3 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1061 COLLIER CENTER WAY, STE. 3 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-25-02

239.597.0884

CR2E034 (9/01)