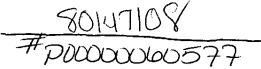
FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORTATION

Sep 11, 2003 8:00 am Secretary of State P00000060577 DOCUMENT # 09-11-2003 90093 043 ***150.00 1. Entity Name TITLE PARTNERS OF FLORIDA, INC. Principal Place of Business Mailing Address 900 WEST 49 STREET STE 514 900 WEST 49 STREET STE 514 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1030066 Not Applicable Zip Country Zip Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 900 WEST 49 STREET STE 514 HIALEAH FL 33012 City 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition ADAMS, RICHARD J NAME NAME 900 WEST 49 STREET STE 514 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP--CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment





TITLE PARTNERS OF FLORIDA, INC.

Corporate Offices at: Bank of America Building 900 West 49 Street Suite #514 • Hialeah, Florida 33012 Tel: (305) 824-9800 • Fax: (305) 824-3868 E-mail: SirvenandAdams@hotmail.com

- Title Insurance
- Closings
- Sale / Purchase of Property
- Residential Closings
- Commercial Closings

September 3, 2003

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Title Partners of Florida, Inc.

Dear Division of Corporations:

Regarding the above Corporation, enclosed please find

- 1) Uniform Business Report and
- 2) Check for \$150.00 filing fee.

Please be advised we have just received the enclosed Report for the first time, which we are submitting now. This is an ongoing entity, one of three at this address, and had we received the previous notice(s), they would have been timely forwarded to your Department for the necessary registration.

This may have been part of a group where the initial yearly notice was misdirected.

Thanks very much for your attention to this matter.

Sincerely,

Richard J. Adams, Director

RA/il