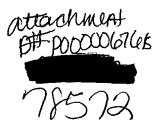
Sep 18, 2001 8:00 am Secretary of State z001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000067615 08-31-2001 90235 004 ***150.00 1. Entity Name A&A TITLE OF SOUTH WEST FLORIDA, INC. Principal Place of Business Mailing Address 78572 1685 KENDIS STREET 2 JOSS KENDIS STREET PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 2095 એ બ્લક 3. Mailing Address 2. Principal Place of Business 2095 KENDIS ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 62- 1023784 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOSTER, GARY Street Address (P.O. Box Number is Not Acceptable) 4-6095 KENDIS STREET PORT CHARLOTTE FL 33948 Zip Code 2095 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, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Ament signature remitted when reinstation) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State Tax filling requirement and elects to do so. (See criteria on back) Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. <u>গল্প ১ ভিচ্চ দিল</u> TITLE GANY FOOTER 2095 KENDIS ST. TITLE Addition 5/01) NAME NAME STREET ADDRESS CRZE034 STREET ADDRESS Port Charlotte FC. 33948 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE 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 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ampowered to expect 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 argumess, with all other like alphapowered. SIGNATURE:

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FILED

A & Title, Inc. 2095 Kendis St Port Charlotte, Florida 33948 1-941-416-4269



To Whom It May Concern:

Because of the wrong address on my document 1 did not receive the first statement for payment. I spoke with a representative on 8/27/01 and they said to write this letter of explanation as to why the payment was late. I hope this is sufficient. If you have any further questions please let me know.

Thank you for your assistance in this matter. Please note the correction to the address on the document you sent

Sincerely

Gary Foster