FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92139 001 ***900.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004893

1. Entity Name
TE DEUM TITLE COMPANY

55037872

Principal Place of Business
3702 W. KENNEDY BLVD.
TAMPA, FL 33609

Mailing Address
3702 W. KENNEDY BLVD.
TAMPA, FL 33609

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 400 North Ashley Plaza
Suite, Apt. #, etc.: Suite 3000
City & State: Tampa, FL
Zip: 33602 Country: USA

3. Mailing Address: 400 North Ashley Plaza
Suite, Apt. #, etc.: Suite 3000
City & State: Tampa, FL
Zip: 33602 Country: USA

4. FEI Number: 59-3708526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MIKES, JAMES R
3702 W. KENNEDY BLVD.
TAMPA, FL 33609

7. Name and Address of New Registered Agent
Name: Mikes, James R.
Street Address (P.O. Box Number Is Not Acceptable): 400 North Ashley Plaza, Suite 3000
City: Tampa FL Zip Code: 33602

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: James R. Mikes 4.30.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00!
After May 1, 2003, Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST MIKES, JAMES R 3702 W. KENNEDY BLVD. TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Mikes, James R. 400 North Ashley Plaza, Suite 3000 Tampa, FL 33602	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: James R. Mikes 4.30.03 (813)495 4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #