

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000013537

FILED
Feb 06, 2002 8:00 AM
Secretary of State

Entity Name: WEST COAST TITLE INSURANCE, INC.

Current Principal Place of Business:

5308 SPRING HILL DR
SPRING HILL, FL 34606CART ER

New Principal Place of Business:

5308 SPRING HILL DR
SPRING HILL, FL 34606

Current Mailing Address:

5308 SPRING HILL DR
SPRING HILL, FL 34606CART ER

New Mailing Address:

5308 SPRING HILL DR
SPRING HILL, FL 34606

FEI Number: 59-3706966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, DVAID R
5308 SPRING HILL DR
SPRING HILL, FL 34606CART ER

Name and Address of New Registered Agent:

CARTER, DAVAID R
5308 SPRING HILL DR
SPRING HILL, FL 34606

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: DAVID R. CARTER

02/06/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTER, DAVID R
Address: 5308 SPRING HILL DR
City-St-Zip: SPRING HILL, FL 34606CART ER

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: CARTER, DAVID R
Address: 5308 SPRING HILL DRIVE
City-St-Zip: SPRING HILL, FL 34606

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: DAVID R. CARTER

P

02/06/2002

Electronic Signature of Signing Officer or Director

Date