

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90048 038 ***550.00

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DOCUMENT # P01000040126

1. Entity Name
K.E.L. TITLE INSURANCE AGENCY, INC.



Principal Place of Business
733 W COLONIAL DRIVE, SUITE 200
ORLANDO FL 32804

Mailing Address
733 W COLONIAL DRIVE, SUITE 200
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3712272**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

VAZQUEZ, WILLIAM H
733 W COLONIAL DRIVE, SUITE 200
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name **Jeffrey S. Kaufman, Jr.**
Street Address (P.O. Box Number is Not Acceptable) **733 W. Colonial Drive**
City **Orlando** FL Zip Code **32804**

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 DATE **24 JUN 03**
(NOTE: Registered Agent signature required when reinstating)

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 **PSD** ☐ Delete
NAME **KAUFFMAN, JEFFREY S**
STREET ADDRESS **8783 CHARLES E LIMPUS RD**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☒ Delete
NAME **VAZQUEZ, H WILLIAM**
STREET ADDRESS **2203 LAKE DEBRA DR, APT 116**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ENGLETT, MATTHEW S**
STREET ADDRESS **1104 W YALE ST**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **LYND, CRAIG R**
STREET ADDRESS **1770 GRANGE CIRCLE**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

6/24/03

Date Daytime Phone #

CR2E034 (10/02)