

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90404 022 ***150.00

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DOCUMENT # P01000048420
1. Entity Name
ALL-PRO TITLE INSURANCE AGENCY, INC.



Principal Place of Business: **15 CYPRESS BRANCH WAY, STE 203, PALM COAST FL 32164**
Mailing Address: **15 CYPRESS BRANCH WAY, STE 203, PALM COAST FL 32164**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: _____
Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GIBBS, NICOLE R
15 CYPRESS BRANCH WAY, STE 203
PALM COAST FL 32164

7. Name and Address of New Registered Agent
Name: **Gibbs-Gazzoli, Nicole (Marriage)**
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **FL** 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: _____ DATE: **4-29-03**
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	T <input checked="" type="checkbox"/> Delete
NAME	GIBBS, DAVID D
STREET ADDRESS	1509 OAK FOREST DR
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	VS <input type="checkbox"/> Delete
NAME	GIBBS, NICOLE R
STREET ADDRESS	1509 OAK FOREST DR
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	P <input type="checkbox"/> Delete
NAME	MCDERMOTT, SANDRA M
STREET ADDRESS	8 EAGLE PASS
CITY-ST-ZIP	PALM COAST FL 32164
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	U.S.T.O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gazzoli, Nicole R
STREET ADDRESS	15 Cypress Branchway STE 203
CITY-ST-ZIP	Palm Coast FL 32164
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Nicole R. Gazzoli** DATE: **4-29-03** DAYTIME PHONE #: **386-445-2107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)