FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90148 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060803

1. Entity Name
LANDTRUST TITLE COMPANY, INC.

Principal Place of Business
116 S. MELVILLE AVE
TAMPA, FL 33606

Mailing Address
116 SOUTH MELVILLE AVENUE
TAMPA, FL 33606

2. Principal Place of Business		3. Mailing Address	
4023 N. Armenia Ave		4023 N. Armenia Ave	
Suite, Apt. #, etc.: Suite 400		Suite, Apt. #, etc.: Suite 400	
City & State: Tampa, FL		City & State: Tampa, FL	
Zip: 33607	Country: USA	Zip: 33607	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3729028 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ROIG, RICARDO A ESQ
~~201 N. FRANKLIN ST., STE. 2700~~
~~TAMPA, FL 33602~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 4023 N. Armenia Avenue
Suite 400

City: Tampa FL Zip Code: 33607

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: [signature] 6/10/03
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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROIG, RICARDO A	NAME	
STREET ADDRESS	~~201 N. FRANKLIN ST. STE 2700~~	STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA, FL 33602~~ 4023 N. Armenia Ave Suite 400 Tampa, FL 33607	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		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #