

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-01-2003 90404 019 ***150.00

0017989 AV

DOCUMENT # P01000064068

1. Entity Name
21ST CENTURY TITLE INSURANCE AGENCY, INC.



Principal Place of Business
15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST FL 32164

Mailing Address
15 CYPRESS BRANCH WAY
SUITE 203
PALM COAST FL 32164



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **58-2635925**
Applied For
Not Applicable

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

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

7. Name and Address of New Registered Agent
Name **Gibbs-Gazzoli, Nicole K (Marriage)**
Street Address (P.O. Box Number is Not Acceptable)
City **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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MCDERMOTT, SANDRA M 15 CYPRESS BRANCH WAY, SUITE 203 PALM COAST FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete GIBBS, NICOLE R 15 CYPRESS BRANCH WAY, SUITE 203 PALM COAST FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete GIBBS, DAVID D 15 CYPRESS BRANCH WAY, SUITE 203 PALM COAST FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U.S.T.D Gazzoli, Nicole R 15 Cypress Branch Way STE 203 Palm Coast FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE **4-29-03** DAYTIME PHONE # **386-445-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)