FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90165 046 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80099605

DOCUMENT # P01000070658

1. Entity Name
SOUTHWEST FLORIDA TITLE INSURANCE, INC.

Principal Place of Business	Mailing Address
9441 SW 77TH CT. MIAMI, FL 33156	9441 SW 77TH CT. MIAMI, FL 33156

2. Principal Place of Business		3. Mailing Address	
2180 West First St		2180 West First St	
Suite, Apt. #, etc.: Suite 401		Suite, Apt. #, etc.: Suite 401	
City & State: Ft. Myers FL		City & State: Ft. Myers FL	
Zip: 33901	Country: USA	Zip: 33901	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0417107 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FREEMAN, BRIAN
9441 SW 77TH CT.
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name: Freeman Brian
Street Address (P.O. Box Number is Not Acceptable): 2180 West First Street
Suite 401
City: Ft. Myers FL Zip Code: 33901

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] Date: 4/24/03
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D
NAME	FREEMAN, BRIAN ☐ Delete	NAME	Freeman Brian ☑ Change ☐ Addition
STREET ADDRESS	9441 SW 77TH CT.	STREET ADDRESS	2180 West First, Street Suite 401
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	Ft. Myers, FL 33901
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Date: 4/24/03 Daytime Phone #: 239-671-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR