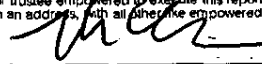


FILED
Apr 30, 2003 8:00 am
Secretary of State

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 9441 SW 77TH CT. MIAMI, FL 33156		Mailing Address 9441 SW 77TH CT. MIAMI, FL 33156	
2. Principal Place of Business 2180 West First St Suite 401 Ft. Myers, FL Zip 33901 Country USA		3. Mailing Address 2180 West First St Suite 401 Ft. Myers, FL Zip 33901 Country USA	
4. FEI Number 03-0417107		Applied For Not Applicable	
5. Certificate of Status Desired 0		\$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, and accept the obligations of registered agent. SIGNATURE  DATE 4/24/03 (NOTE: Registered Agent's signature required when submitting)			
9. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	Delete	
NAME	FREEMAN, BRIAN		
STREET ADDRESS	9441 SW 77TH CT.		
CITY-ST-ZIP	MIAMI, FL 33156		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	Change Addition	
NAME	Freeman Brian		
STREET ADDRESS	2180 West First Street Suite 401		
CITY-ST-ZIP	Ft. Myers, FL 33901		
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 4/24/03 239-671-4000	