

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000087681

FILED
Mar 11, 2003
Secretary of State

Entity Name: SUPERIOR TITLE AND ABSTRACT COMPANY

Current Principal Place of Business:

15 WEST LARUA STREET
PENSACOLA, FL 32501

New Principal Place of Business:

7552 NAVARRE PARKWAY
SUITE 2
NAVARRE, FL 32566

Current Mailing Address:

15 WEST LARUA STREET
PENSACOLA, FL 32501

New Mailing Address:

7552 NAVARRE PARKWAY
SUITE 2
NAVARRE, FL 32566

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, STEVEN J
15 WEST LARUA STREET
PENSACOLA, FL 32501

Name and Address of New Registered Agent:

PARSONS, DONN S
7552 NAVARRE PARKWAY
SUITE 2
NAVARRE, FL 32566

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.

SIGNATURE: DONN S PARSONS

03/11/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARSONS, ANN
Address: 15 WEST LARUA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: PARSONS, STEVEN J
Address: 15 WEST LARUA STREET
City-St-Zip: PENSACOLA, FL 32501

Title: VD () Delete
Name: PARSONS, SCOTT
Address: 7552 NAVARRE PARKWAY
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PARSONS, SCOTT
Address: 7552 NAVARRE PARKWAY, SUITE 2
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT PARSONS

VD

03/11/2003

Electronic Signature of Signing Officer or Director

Date