## AMENDED

2003 FOR PROFIT CORPORATION

## FILED UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000094099 03 SEP 22 AH II: 09 AMERICAN TITLE GROUP, INC. SLURETARY OF STATE MTALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 100534 4515 DEL PRADO BLVD. 200023364592 03/26/03--01066--007 \*\*61.25 CAPE CORAL, FL 33910 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1159271 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEORGE FRED FRED. GEORGE **1421 SW 14TH STREET** Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL, FL 33991 DALM TREE BLUD Zip Code 23904 3. The above named entity suprits 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 (NOTE: Registered Agent signature required when reinstating) After May 1, 2003 Fee will be \$550,00 Amended UBR is \$61,25 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE ☐ Change TITLE Delete ☐ Addition NAME FRED, GEORGE NAME STREET ADDRESS 4701 PALM TREE BLVD STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE Change Addition FRED, ANDY W NAME NAME STREET ADDRESS 302 SE 16TH PLACE STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-ZIA TITLE X Delete ☐ Change Addition FOLSOM, ROBERT --MAME NAMÉ STREET ADDRESS 231 TRAFALGA PARKWAY STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33991 City-ST-2IP Delete TITLE TITLE ☐ Change ☐ Addition AQUINO, AUDOLIA J NAME NAME STREET ADDRESS 4608 SE 4TH PLACE STREET ADDRESS CAPE CORAL, FL 33904 CITY ST-ZIP CITY-ST-ZP TITLE X Delete 1ft F ☐ Change ☐ Addition NAME NORENA, BLANCA S NAMÉ 1315 SE 24TH PLACE STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-2IP CITY-ST-2IP ☐ Delete TITLE TITLE [7] Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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.

STREET ADDRESS CRY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02