

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000100170

FILED  
Feb 17, 2003  
Secretary of State

Entity Name: SECURITY TITLE (CARIBBEAN), INC.

## Current Principal Place of Business:

12230 FOREST HILL BLVD.  
SUITE 100  
WELLINGTON, FL 33414

## New Principal Place of Business:

50 S.E. KINDRED STREET  
SUITE 107  
STUART, FL 34994

## Current Mailing Address:

12230 FOREST HILL BLVD.  
SUITE 100  
WELLINGTON, FL 33414

## New Mailing Address:

50 S.E. KINDRED STREET  
SUITE 107  
STUART, FL 34994

FEI Number: 65-1151474

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOHL, N. DEAN, JR. ESQ.  
50 S.E. KINDRED STREET  
SUITE 107  
STUART, FL 34994

## Name and Address of New Registered Agent:

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WICKER, LAVONNE L  
Address: 12230 FOREST HILL BLVD., STE. 100  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WICKER, LAVONNE L  
Address: 50 S.E. KINDRED STREET  
City-St-Zip: STUART, FL 34994

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: LAVONNE WICKER

PD

02/17/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date