

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

02-17-2003 90275 012 \*\*\*150.00

05679633 AV

DOCUMENT # P0100011425

1. Entity Name  
AMERICAN UNITED TITLE COMPANY, INC.



Principal Place of Business  
312 E. VENICE AVENUE  
SUITE 108  
VENICE FL 34292

Mailing Address  
312 E. VENICE AVENUE  
SUITE 108  
VENICE FL 34292

10062000



2. Principal Place of Business

246 S. TAMiami TRAIL

3. Mailing Address

246 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
VENICE FL

City & State  
VENICE FL

4. FEI Number 65-1154140

Applied For

Not Applicable

Zip 34285

Country USA

Zip 34285

Country USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELIX, RAMON A  
312 E. VENICE AVENUE  
SUITE 108  
VENICE FL 34292

Name KATHERINE B. EBERT

Street Address (P.O. Box Number is Not Acceptable)

246 S. TAMiami TRAIL

City VENICE

FL

Zip Code 34285

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/03  
DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	FELIX, RAMON A	312 E. VENICE AVENUE #108	VENICE FL 34292	<input checked="" type="checkbox"/>
ST	FELIX, FRANCES R	312 E. VENICE AVENUE #108	VENICE FL 34292	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	KATHERINE B. EBERT	246 S. TAMiami TRAIL	VENICE FL 34285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	STEPHEN E. EBERT	246 S. TAMiami TRAIL	VENICE FL 34285	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 941-484-9900  
Date Daytime Phone #