

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-30-2003 90109 006 ***150.00

DOCUMENT # P01000114194

1. Entity Name
NEW REPUBLIC TITLE, INC.



Principal Place of Business
**600 W HILLSBORO BLVD
STE 203
DEERFIELD BEACH FL 33441**

Mailing Address
**600 W HILLSBORO BLVD
STE 203
DEERFIELD BEACH FL 33441**

70015395



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1157161**

Applied For
Not Applicable

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

**STREDA, TOMAS
19390 COLLINS AVE
APT 1621
SUNNY ISLES BEACH FL 33160**

Name

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

City

FL

Zip Code

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)

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 **VP** ☐ Delete
NAME **WHITTAKER, BRUCE**
STREET ADDRESS **5441 NW 108TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ANANIA, CHARLES**
STREET ADDRESS **10 FORT ROYAL ISLE**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: *Bruce A. Whittaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED *Bruce A. Whittaker*

Date

1/27/03

Daytime Phone #

954-427-6007

CR2E034 (10/02)