

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90079 004 \*\*\*550.00

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

<b>DOCUMENT #</b> 1. Entity Name <i>P02000027220</i>	
CARDINAL TITLE COMPANY OF FLORIDA, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1241 BECKINHAM WAY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 125 31ST STREET Suite, Apt. #, etc.	
City & State ZEPHYR HILLS FL		City & State BARBERTON, OH	
Zip 33543	Country USA	Zip 44203	Country USA

<b>4. FEI Number</b> 42-1532406	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name MARTINO, THOMAS	
Street Address (P.O. Box Number is Not Acceptable) 2708 W. KENNEDY BOULEVARD	
City TAMPA	Zip Code FL 33609

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARTINO, THOMAS 2708 W. KENNEDY BOULEVARD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HYNDE, BRADFORD K 125 31ST STREET BARBERTON, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SIMERS, CHERYL M 125 31ST STREET BARBERTON, OH
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Cheryl M. Simers* CHERYL M. SIMERS

7-3-07

330.825.9790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #