2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 01, 2003 8:00 am Secretary of State 05-05-2003 90126 047 ***150.00

1. Entity Nam SULCE 1	TITLE INSURANCE AGENC	Y, INC.								
Principal Place of Business 8473 BAY COLONY DR. 1701 NAPLES FL 34108		Mailing Address 8473 BAY COLONY DR. 1701 NAPLES FL 34108			55050335					
	Place of Business	3. Mailing Address	• •	n					,	
5150 Tamiami TR. North Suite, Apt. #, etc. 302		5150 Banjami TR. North Suite Apt. #, etc. 30 Z		CHECK HERE IF MAKING CHANGES						
City & State Numples FL.		City & State Numples, FL.			4. FEI Number	04087	23		oplied For or Applicable]
Zip 34/	03 Country	Zip 34/03	Country 	1	5. Certificate	of Status Desired		75 Add]_
	6. Name and Address of Current	Na	7. Name and Address of New Registered Agent Name							
1	7 COLONY DR, 1701	St	Street Address (P.O. Box Number is Not Acceptable)							
NAPLES	FL 34108					-			,	
			Ci	ity			FL	Zip Cod	e	}
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. (NOT	E: Registered Agen	beriuper exutençia (r	when reint(abrig)		DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State				ction Campaign Final st Fund Contribution.		\$5.0 Added	O May Be I to Fees	
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFIC				~
NAME STREET ADDRESS CITY-ST-ZIP	D HULCE, J T 8473 BAY COLONY DR, 1701 NAPLES FL 34108	☐ Detets	TITLE NAME STREET ADD CITY-ST-ZE			:		Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	D HULCE, CAROL J 8473 BAY COLONY DR, 1701 NAPLES FL 34108-	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	ı j				Change	☐ Addition	CR2
TITLE	D	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HULCE, HILLARY M 8473 BAY COLONY DR, 1701 NAPLES FL 34108		NAME STREET ADD		بيد ديد د	-	~		\	
-TITLE		Delete	-TITLE					Change -	Addition	
STREET ADDRESS City-St-Zip			STREET ADD	1			•			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF				C	Change	Addition	
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: 4/30/03 239-261-7325										