

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000037582

FILED
Jan 07, 2003
Secretary of State

Entity Name: FIRST TITLE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

3301 BONITA BEACH ROAD
SUITE 213
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

8395 KEYSTONE CROSSING
100
INDIANAPOLIS, IN 46240

New Mailing Address:

FEI Number: 03-0421385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEARS, STEPHEN D
25220 PELICAN CREEK CIR.
UNIT 202
BONITA SPRINGS, FL 34134 US

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: CEO () Delete
Name: MEARS, STEPHEN D
Address: 8395 KEYSTONE CROSSING, SUITE 104
City-St-Zip: INDIANAPOLIS, IN 46240

Title: P () Delete
Name: MEARS, ADAM S
Address: 8395 KEYSTONE CROSSING, SUITE 100
City-St-Zip: INDIANAPOLIS, IN 46240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADAM S. MEARS

PRES

01/07/2003

Electronic Signature of Signing Officer or Director

Date