

2006

**UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** P02000047351

1. Entity Name

LAWYERS 1ST TITLE COMPANY

Principal Place of Business

Mailing Address

2. Principal Place of Business

1995 East Oakland Park Blvd

3. Mailing Address

1995 East Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 205

Suite # 205

City &amp; State

City &amp; State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33306

USA

33306

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Carratt, Gus H.

1995 East Oakland Park Blvd., # 205

Fort Lauderdale, FL 33306

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2006 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/S	<input type="checkbox"/> Delete
NAME	Gus H. Carratt	
STREET ADDRESS	1995 E Oakland Park Blvd # 205	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/V/T	<input type="checkbox"/> Delete
NAME	Catherine Whiddon	
STREET ADDRESS	1995 East Oakland Park Blvd # 205	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gus H. Carratt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

5/1/06

Date

954-561-5703

Daytime Phone #

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90187 040 \*\*\*150.00

**50019011**

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)