


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90330 018 ***150.00
01-09-2003 90144 041 ***150.00

008167 AV

DOCUMENT # P02000053624	
1. Entity Name BISCAYNE TITLE COMPANY	

Principal Place of Business 7711 NORTH MILITARY TRAIL, SUITE 1014 PALM BCH GARDENS FL 33410	Mailing Address 7711 NORTH MILITARY TRAIL, SUITE 1014 PALM BCH GARDENS FL 33410
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2. Principal Place of Business 11211 PROSPERITY FARMS ROAD Suite, Apt. #, etc. SUITE C-301 City & State Palm Beach Gardens, FL Zip 33410 Country USA	3. Mailing Address 11211 PROSPERITY FARMS ROAD Suite, Apt. #, etc. SUITE C-301 City & State Palm Beach Gardens Zip FL Country 33410
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0764629	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDS, PRESTON J 7711 NORTH MILITARY TRAIL, SUITE 1014 PALM BCH GARDENS FL 33410	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11211 Prosperity Farms Road Suite C-301 City Palm Beach Gardens FL Zip Code 33410	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FIELDS, PRESTON J 7711 NORTH MILITARY TRAIL, SUITE 1014 PALM BCH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11211 Prosperity Farms Road, Suite C-301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED PRESTON J. FIELDS **7/19/03** **561-799-9910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)