

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

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90103 028 \*\*\*150.00

<b>DOCUMENT #</b> P020000 64254 ✓	
<b>1. Entity Name</b>	
NORTH AMERICAN TITLE AGENCY OF FLORIDA, INC	

**44029673**

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
C/O DEBRA WINKS		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
440 WARD DR		City & State	
City & State		City & State	
OAK HILL FL		Country	
Zip	Country	Zip	Country
32759			

<b>4. FEI Number</b>	<b>Applied For</b>
52-2370781	Not Applicable

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name	
	DEBRA WINKS	
	Street Address (P.O. Box Number is Not Acceptable)	
	440 WARD DR	
	City	Zip Code
	OAK HILL	32759

**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

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$51.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
<b>TITLE</b>	<b>P</b>	<b>TITLE</b>	
<b>NAME</b>	DELIBERTO, KEITH	<b>NAME</b>	
<b>STREET ADDRESS</b>	8231 DAISY FIELD PATH	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	CICERO, NY 13041	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VP</b>	<b>TITLE</b>	
<b>NAME</b>	MEYERS, SHERRI ANN	<b>NAME</b>	
<b>STREET ADDRESS</b>	6256 ADDISON LOOMIS	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	CICERO, NY 13039	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**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:**  4/8/04 **315-752-0050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #