2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90109 018 ***150.00

DOCUMENT # P02000064254

1. Entity Name
NORTH AMERICAN TITLE AGENCY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 1256 OAK HILL FL 32759	PO BOX 1256 OAK HILL FL 32759

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
c/o Deborah Winks	6265 Rt 31
Suite, Apt. #, etc.: 440 Ward Dr	Suite, Apt. # etc.
City & State: Oak Hill Fl	City & State: Cicero New York
Zip: 32759 Country: US	Zip: 13039 Country: US

4. FEI Number: 52-2370781 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLANT, STUART M 440 EAST SAMPLE RD. STE. 202 LIGHTHOUSE POINT FL 33064	Name: Deborah Winks Street Address (P.O. Box Number is Not Acceptable): 440 Ward Dr City: Oak Hill **FL** Zip Code: 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 X Deborah K. Winks

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	DELIBERTO, KEITH		NAME	Deliberto, keith	
STREET ADDRESS	C/O STUART GOLANT 440 E. SAMPLE RD. #202		STREET ADDRESS	8231 Daisy Field Path	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		CITY-ST-ZIP	Clay NY 13041	
TITLE		☐ Delete	TITLE	VP	☐ Change ☑ Addition
NAME			NAME	Werchinski, Sherri Ann	
STREET ADDRESS			STREET ADDRESS	6256 Addison Loomis	
CITY-ST-ZIP			CITY-ST-ZIP	Cicero NY 13039	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X SIGNATURE REQUIRED 3/3/03

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

CR2E034 (10/02)