

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90225 042 ***150.00

DOCUMENT # P02000066966																											
1. Entity Name FN TITLE, INC.																											
Principal Place of Business 207 MONTEGO INLET BLVD. LONGWOOD FL 32779		Mailing Address 207 MONTEGO INLET BLVD. LONGWOOD FL 32779																									
2. Principal Place of Business 206 Monterey Isle N. Suite, Apt. #, etc.		3. Mailing Address 206 Monterey Isle N. Suite, Apt. #, etc.																									
City & State Longwood FL		City & State Longwood FL 32779																									
Zip 32779 Country USA		Zip 32779 Country USA																									
4. FEI Number 41-2046938		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES																									
6. Name and Address of Current Registered Agent OLSON, TREVOR J 207 MONTEGO INLET BLVD. LONGWOOD FL 32779		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">206 Monterey Isle N.</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Longwood</td> <td style="padding: 2px;">FL 32779</td> </tr> </table>		Name		Street Address (P.O. Box Number is Not Acceptable)		206 Monterey Isle N.		City	Zip Code	Longwood	FL 32779														
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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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u>Trevor Olson PMS.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>1-21-03</u> <small>DATE</small> </div> </div>																											
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: <u>Trevor Olson Pres</u> <u>1/21/03</u> <u>407 788 1226</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											

CR2E034 (10/02)