


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90972 036 ***150.00

DOCUMENT # P02000069651	
1. Entity Name USA TITLE CO.	

Principal Place of Business 800 W. OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33311	Mailing Address 800 W. OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33311
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2. Principal Place of Business 871 W OAKLAND PK	3. Mailing Address 871 W OAKLAND PK
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State OAKLAND PARK FL	City & State OAKLAND PARK, FL
Zip 33311	Zip 33311
Country	Country



55043764

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 03-0462530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CICHOWSKI, JOSEPH ESQ. 800 W. OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33311	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (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, <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	Joseph Cichowski president 871 W OAKLAND PK Blvd. #300 Ft Lauderdale FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____ 4/25/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)