

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90152 008 ***150.00

DOCUMENT # P02000086038

1. Entity Name
THE TITLE AGENT, INC.



Principal Place of Business
3600 S. STATE ROAD 7
46
MIRAMAR FL 33023

Mailing Address
3600 S. STATE ROAD 7
46
MIRAMAR FL 33023

22000943



2. Principal Place of Business

3600 S. State Rd 7

3. Mailing Address

3600 S. State Rd 7

Suite, Apt. #, etc.

21

Suite, Apt. #, etc.

Suite 21

City & State

MIRAMAR FL

City & State

MIRAMAR FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3647195

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEARNE, DONNA L
3600 S. STATE ROAD 7
46
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name ~~Donna Hearne, PA.~~

Street Address (P.O. Box Number is Not Acceptable)

~~3600 S. STATE ROAD 7~~

~~Suite 21~~

City

~~MIRAMAR~~

FL

Zip Code

~~33023~~

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

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

TITLE P
NAME HEARNE, DONNA L
STREET ADDRESS 3600 S. STATE ROAD 7, SUITE 46
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE VP
NAME JOBSON, BRIGETTE A
STREET ADDRESS 3600 S. STATE ROAD 7, SUITE 46
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE T
NAME JOBSON, BRIGETTE A
STREET ADDRESS 3600 S. STATE ROAD 7, SUITE 46
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE S
NAME HEARNE, DONNA L
STREET ADDRESS 3600 S. STATE ROAD 7, SUITE 46
CITY-ST-ZIP MIRAMAR FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1/29/03 9543740510

CR2E034 (10/02)