

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000104845

FILED
Jan 23, 2003
Secretary of State

Entity Name: ALL FLORIDA TITLE INSURANCE, INC.

Current Principal Place of Business:

2140 WHISPER LAKES BLVD.
ORLANDO, FL 32837

New Principal Place of Business:

111 S. RANDOLPH AVE.
KISSIMMEE, FL 34741

Current Mailing Address:

12614 WINFIELD SCOTT BLVD.
ORLANDO, FL 32837

New Mailing Address:

12614 WINFIELD SCOTT BLVD.
ORLANDO, FL 32837 US

FEI Number: 05-0533704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, KELLIE K
2140 WHISPER LAKES BLVD.
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

HALL, CONNIE K
111 S. RANDOLPH AVE.
KISSIMMEE, FL 34741 US

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.

SIGNATURE: CONNIE K. HALL

01/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Change (X) Addition
Name: HALL, CONNIE K
Address: 111 S. RANDOLPH AVE.
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE K. HALL

PSTD

01/23/2003

Electronic Signature of Signing Officer or Director

Date