

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 1. Entity Name	P0200011118 Title Support Group, Inc.	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

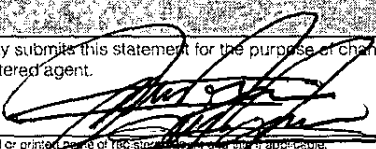
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3500 N. SR. 7	3. Mailing Address 3500 N. SR. 7
Suite, Apt. #, etc. 479	Suite, Apt. #, etc. 479
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33319	Country U.S.A.

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	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Mair, Jean-Francois & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 3500 N. SR. 7, Ste. 479 City Fort Lauderdale FL Zip Code 33319	

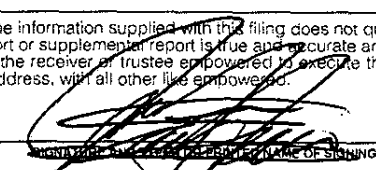
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 4/15/03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James Jean-Francois 3500 N. SR. 7, Ste. 479 Fort Lauderdale, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kenneth S. Mair 3500 N. SR. 7, Ste. 479 Fort Lauderdale, FL 33319
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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 on an attachment with an address, with all other like empowered.
SIGNATURE:  DATE 4/15/03 DAYTIME PHONE 954-714-4996

CR2E034B (12/02)