FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90356 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128569

1. Entity Name

BIG LAKE TITLE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

11037018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2116 S. Parrott Avenue	2116 S. Parrott Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL 34974	City & State: Okeechobee, FL 34974
Zip: 34974 Country: USA	Zip: 34974 Country: USA

4. FEI Number: 57-1145118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Renee Ellerbee

Street Address (P.O. Box Number is Not Acceptable): 2116 S. Parrott Avenue

City: Okeechobee FL Zip Code: 34974

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: Renee Ellerbee 04/30/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE Director NAME Glenda Bellamy STREET ADDRESS 2116 S. Parrott Avenue CITY-ST-ZIP Okeechobee, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Director/VP/S NAME Renee Ellerbee STREET ADDRESS 2116 S. Parrott Avenue CITY-ST-ZIP Okeechobee, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE Director/VP/T NAME Rhonda Gornall STREET ADDRESS 2116 S. Parrott Avenue CITY-ST-ZIP Okeechobee, FL 34974	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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: Renee Ellerbee 4/30/03 8634671-14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #