2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State
04-18-2008 90044 021 ***150.00

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1. Entity Name
UNITED TITLE INSURANCE SERVICES AGENCY, INC.

Principal Place of Business	Mailing Address
500 N.E. EIGHTH AVE OCALA, FL 34470-5345	500 N.E. EIGHTH AVE OCALA, FL 34470-5345

66010571

01312008 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-3098750
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMATEA, FRANK C
500 N.E. EIGHTH AVE
OCALA, FL 34470-5345

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AMATEA, FRANK C
STREET ADDRESS	500 NE 8TH AVE
CITY-ST-ZIP	OCALA, FL 344705345
TITLE	VP
NAME	Paula Chaffin
STREET ADDRESS	5612 SE Abshier Blvd Ste 3
CITY-ST-ZIP	Belleview FL 34420
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ President 5-12-08 352-732-4740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #