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CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am DOCUMENT # P93000076658 **Secretary of State** 1. Entity Name 02-17-2002 90022 025 ***150 00 ALL FLORIDA TITLE COMPANY, INC. Principal Place of Business Mailing Address 1995 E OAKLAND PARK BLVD 1995 E OAKLAND PARK BLVD B0026126 STE 310 **STE 310** FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0446500 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARS, BURTON H ESQ Street Address (P.O. Box Number is Not Acceptable) 1995 EAST_OAKLAND PARK BLVD **STE 310** FORT LAUDERDALE FL 33306 City Zip Code 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE MARS, BURTON H NAME 1995 E OAKLAND PARK BLVD STE 310 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP PRRS Delete Change ☐ Addition NAME BURTON, MARS H NAME STREET ADDRESS 1995 E OAKLAND PARK BLVD STE 310 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR