FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90321 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050294

1. Entity Name
Barrister Title Services, Inc.

DO NOT WRITE IN THIS SPACE

50037457

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1860 N. Pine Island Rd.			
Suite, Apt. #, etc. #118		Suite, Apt. #, etc.	
City & State Plantation		City & State	
Zip 33322	Country Broward	Zip	Country

4. FEI Number 65-0507087 — 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 Linda Rubinchik

Street Address (P.O. Box Number is Not Acceptable)
1860 N. Pine Island Rd., #118

City Plantation FL Zip Code 33322

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 [signature] Linda Rubinchik 4/13/05
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
[illegible]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Linda Rubinchik 1860 N. Pine Island Rd., #118 Plantation, Florida 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: [signature] Linda Rubinchik 4/13/05 954-424-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #