

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90250 001 \*1,772.50

**DOCUMENT # P94000070849**

1. Entity Name  
**PRO TITLE & ABSTRACT, INC.**



Principal Place of Business  
**98 VINEYARDS BLVD.**  
**NAPLES FL 34119**  
**US**

Mailing Address  
**98 VINEYARDS BLVD.**  
**NAPLES FL 34119**



2. Principal Place of Business

**75 Vineyards Blvd.**  
Suite, Apt. #, etc.  
**# 500**

3. Mailing Address

**75 Vineyards Blvd.**  
Suite, Apt. #, etc.  
**# 500**

☒ CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0537220** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROGERS, ROBERT F**  
**98 VINEYARDS BLVD**  
**NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**75 Vineyards Blvd. #500**  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert Rogers** DATE **1/20/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>PDT</b>	<input type="checkbox"/> Delete
NAME	<b>PROCACCI, MICHAEL</b>	
STREET ADDRESS	<b>98 VINEYARDS BOULEVARD</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SAADEH, MICHEL</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>98 VINEYARDS BLVD</b>	
STREET ADDRESS	<b>NAPLES FL 34119</b>	
CITY-ST-ZIP		
TITLE	<b>POCACCI JOSEPH</b>	<input type="checkbox"/> Delete
NAME	<b>98 VINEYARDS BLVD.</b>	
STREET ADDRESS	<b>NAPLES FL</b>	
CITY-ST-ZIP		
TITLE	<b>ROGERS, ROBERT</b>	<input type="checkbox"/> Delete
NAME	<b>98 VINEYARDS BLVD</b>	
STREET ADDRESS	<b>NAPLES FL 34119</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>75 Vineyards Blvd, 5th Fl</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PROCACCI (SPELLING)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>75 Vineyards Blvd, 5th Fl</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>75 Vineyards Blvd, 5th Fl</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Rogers** DATE **1/20/03** (239) 353-1973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)