## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am Secretary of State DOCUMENT # **P94000084735** AMERICAN TITLE CORPORATION 05-11-2001 90001 005 \*\*\*150.00 Principal Place of Business Mailing Address 18051 CLEARBROOK CIRCLE 18051 CLEARBROOK CIRCLE 910980 200 BOCA RATON FL 33498 BOCA RATON FL 33498 US U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State 65-0540547 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Burton, Gerald K esq Street Address (P.O. Box Number is Not Acceptable) 18051 CLEARBROOK CIRCLE **BOCA RATON FL 33498** City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE BURTON, GERALD K NAME NAME 18051 CLEARBROOK CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREE" ADDRESS STREET ADDRESS CITY- IT-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STRE" ADDRESS STREET ADDRESS CITY- IT-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STRIET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREE) ADDRESS STREET ADDRESS CITY-9 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAM 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burton Pres. Date

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