

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90226 022 ***150.00

DOCUMENT # P94000088711

1. Entity Name
TITLE GUARANTY AND TRUST COMPANY, INC.

TITLE 900 349
NOTIFY SENDE
TITLE GUARAN
900 SE FEDERJ
STUART FL 349



Principal Place of Business
**900 EAST OCEAN BLVD
SUITE 142
STUART FL 34994**

Mailing Address
**900 EAST OCEAN BLVD
SUITE 142
STUART FL 34994**

10066279



2. Principal Place of Business
**900 S. Federal Highway
Suite, Apt. #, etc.
100**

3. Mailing Address
**900 S. Federal Highway
Suite, Apt. #, etc.
100**

☒ CHECK HERE IF MAKING CHANGES

City & State
STUART FL
Zip
34994
Country
USA

City & State
STUART FL
Zip
34994
Country
USA

4. FEI Number
65-0613434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, W., LEE JR.
900 E. OCEAN BLVD.
SUITE 142
STUART FL 34994**

7. Name and Address of New Registered Agent

Name
King, W., Lee Jr.
Street Address (P.O. Box Number is Not Acceptable)
900 S. Federal Highway, Suite 100
City
STUART FL Zip Code
34994

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 **R.A.** DATE **4/8/03**
(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	D KING, LEE W. 900 EAST OCEAN BLVD SUITE 142 STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	King, Lee W. 900 S. Federal Highway, Suite 100 STUART, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

772-223-1495

Daytime Phone #

CR2E034 (10/02)