


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90130 045 ***150.00

DOCUMENT # P95000014197	
1. Entity Name TITLE RESEARCH & SERVICES, INC.	

Principal Place of Business 3313 LAKEVILLE CIRCLE WEST PALM BEACH FL 33406	Mailing Address 3313 LAKEVILLE CIRCLE WEST PALM BEACH FL 33406
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00012004



2. Principal Place of Business 917 BRIARWOOD Drive Suite, Apt. #, etc.	3. Mailing Address 917 BRIARWOOD Drive Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State HAVERHILL FL	City & State HAVERHILL FL
Zip 33415	Zip 33415
Country	Country

4. FEI Number 65-0561594	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARABELLO, MICHAEL J 3313 LAKEVILLE CIRCLE WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent Name: MICHAEL J CARABELLO Street Address (P.O. Box Number is Not Acceptable): 917 BRIARWOOD DRIVE City: HAVERHILL FL Zip Code: 33415

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 obligation of registered agent. SIGNATURE: <i>Michael J Caraballo</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME CARABELLO, MICHAEL J STREET ADDRESS 3313 LAKEVILLE CIRCLE CITY-ST-ZIP WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete	TITLE VP NAME Michael J Caraballo STREET ADDRESS 917 BRIARWOOD Drive CITY-ST-ZIP HAVERHILL FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE P NAME CONAUGHTY, KELLY J STREET ADDRESS 3313 LAKEVILLE CIRCLE CITY-ST-ZIP WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete	TITLE P NAME Kelly J Conaughty STREET ADDRESS 917 Briarwood Drive CITY-ST-ZIP HAVERHILL FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 files empowered.

SIGNATURE: <i>Michael J Caraballo</i> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-27-03 Date	5616874575 Daytime Phone #
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CR2E034 (10/02)