

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010462

1. Entity Name

CYPRESS TITLE INSURANCE CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90102 038 ***150.00

| | |
|---|--|
| Principal Place of Business 12798 FOREST HILL BLVD STE 202 WELLINGTON FL 33414 US | Mailing Address 12798 FOREST HILL BLVD STE 202 WELLINGTON FL 33414-4751 US |
|---|--|

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|---|------------------------------|
| 2. Principal Place of Business 12798 Forest Hill Blvd. #101A | 3. Mailing Address A Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------|--------------|
| City & State Wellington, FL | City & State |
|--------------------------------|--------------|

| | | | |
|--------------|----------------|-----|---------|
| Zip 33414 | Country USA | Zip | Country |
|--------------|----------------|-----|---------|

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| 4. FEI Number 59-3361933 | 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 WITKOWSKI, RONALD 12798 FOREST HILL BLVD WELLINGTON FL 33414 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WITKOWSKI, RONALD 6177 JOG ROAD LAKE WORTH FL 33467 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Witkowski, Ronald 12798 Forest Hill Blvd., #101A Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOWEN, DARELL 12794 W. FOREST HILL BLVD.#10 WEST PALM BEACH FL 33414 <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 | S WITKOWSKI, VICTORIA 6177 JOG ROAD LAKE WORTH FL 33467 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Witkowski, Victoria 12798 Forest Hill Blvd., #101A Wellington, FL 33414 <input checked="" 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 |

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 required 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: [Signature] 4/17/00 561-798-4837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)