2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055153

Entity Name: UNIVERSAL TITLE SERVICES OF NORTH FLORIDA, INC.

FILED Jan 27, 2004 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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13119 PROFESSIONAL DRIVE JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

13119 PROFESSIONAL DRIVE JACKSONVILLE, FL 32225

FEI Number: 59-3427452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOYLE, WILLIAM E
2002 SOUTHSIDE BLVD STE 201
JACKSONVILLE, FL 32216

MCCORMICK, REID T
400 WEST TROTTERS DRIVE
MAITLAND, FL 32751

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: REID T. MCCORMICK 01/27/2004

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

JACKSONVILLE, FL 32216

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

JACKSONVILLE, FL 32225

Title: () Delete Title: (X) Change () Addition SINGLETARY, PATRICK MCCORMICK, REID T Name: Name: 1655 THE GROOMS WAY #2421 400 WEST TROTTERS DRIVE Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: MAITLAND, FL 32751

Olty-31-ZIP. JACKSONVILLE BEACH, FL 32250 City-31-ZIP. IWATTEAND, FL 3275

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 DOYLE, BILL
 Name:
 GIANGRECO, KAREN

 Address:
 3303 SOUTH SIDE BLVD # 201
 Address:
 13119 PROFESSIONAL DRIVE

Title: VD (X) Delete Title: () Change () Addition

 Name:
 ROBERT, SINGLETARY
 Name:

 Address:
 4408 TRADEWINDS DR
 Address:

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32250
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REID T. MCCORMICK P 01/27/2004