2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000070456

1. Entity Name

SUNSHINE TITLE INSURANCE, INC.

06-20-2001 90016 056 ***8.75
P96000070456
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 PM 1:43

C0071901

Principal Place of Business	Mailing Address
22970 OVERSEAS HWY CUDJOE KEY FL 33042	22970 OVERSEAS HWY CUDJOE KEY FL 33042

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0694939 — Applied For / Not Applicable

5. Certificate of Status Desired [x] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, KENDRA
22970 OVERSEAS HWY
CUDJOE KEY FL 33042

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ____ Signature, typed or printed name of registered agent and title if applicable / DATE

NOTE: Registered Agent signature required when reinstating

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LISTED IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, KENDRA 68 N LAKE DR SUMMERLAND KEY FL 33042	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDRIE, ROSE 327-D1 KNOTTY PINE CIR LAKE WORTH FL 33863	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change SP [ ] 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: ____ 4/20/01 (305)745-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / DATE / DAYTIME PHONE #

Attachment
DH#P96000030456
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C00071901

SUNSHINE TITLE INSURANCE, INC.
22970 OVERSEAS HIGHWAY
CUDJOE KEY, FL 33042
Phone (305) 745-8787 Fax (305) 745-3303

6/15/01

DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

RE: ANNUAL CORPORATE REPORT

Dear Madame:

As per phone conversations I am enclosing the 2001 Annual Corporate Report for Sunshine Title Insurance, Inc. and check number 3062 in the amount of $158.75 to replace check number 2956 that was sent April 20, 2001 which was not received/misplaced.

Sincerely,

Kendra Foster
President