

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000092961

FILED
Mar 21, 2009
Secretary of State

Entity Name: UNION TITLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

8152 FIDDLERS CREEK PKWY
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

3200 TAMIAMI TRAIL N
SUITE 200
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-3417836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODWARD, MARK J
3200 TAMIAMI TRAIL N
SUITE 200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WOODWARD, MARK J
Address: 801 LAUREL OAK DR. SUITE 710
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WOODWARD, MARK J
Address: 3200 TAMIAMI TRAIL NORTH, SUITE 200
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK J. WOODWARD

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03/21/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date