2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P97000020359** 1. Entity Name EXPRESS TITLE COMPANY 04-26-2001 90246 003 ***150.00 Principa: Place of Business Mailing Address 22191 POWERLINE RD 6821 VIA REGINA STF 5A BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Road Glades Road Glades 200 200 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Surte Suite Z 4. FEI Number Applied For Rubon 65-0761287 Boca IZuton Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33432 U5# Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 5aMe CHARLES, DANA F Street Address (P.O. Box Number is Not Acceptable) 6821 VIA REGINA **BOCA RATON FL 33433** NIW. 25 Avenue Zip Code 33496 8. The above named entity submits this statement for the surpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or primed name (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: Change 🔲 Addition TITLE **PSTD** ☐ Delete TITLE NAME CHARLES, DANA F MAME 6667 N.W. 25 Avenue Boca Rabon, FL 33494 STREET ADDRESS STREET ADDRESS 6821 VIA REGINA CITY-ST-7IP **BOCA RATON FL 33433** TITLE Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZiP THILE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP TITLE ☐ Delete TITLE Addit on NAME MAMA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SAME STREET ADDRESS STREET ADDRESS CITY-ST-Z\P C(TY - ST - 712 TITLE Delete THILE Addition NAME NAME

13. Thereby certify that the information supplied with this filling 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 office; 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dana Chatles 4/19/01