

2004  
~~2003~~ FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 21, 2004 8:00 am  
Secretary of State

04-21-2004 90028 050 \*\*\*150.00

DOCUMENT # P97000056729

1. Entity Name  
STERLING TITLE INSURANCE SERVICES, INC.



Principal Place of Business  
4328 CORPORATE SQUARE BLVD  
SUITE D  
NAPLES FL 34104

Mailing Address  
4328 CORPORATE SQUARE BLVD  
SUITE X C  
NAPLES FL 34104

94057951



2. Principal Place of Business

Same  
Suite, Apt. #, etc.

3. Mailing Address

4328 Corporate Square Blvd  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

N

City & State

Naples FL

4. FEI Number 59-3460682

Applied For

Not Applicable

Zip 34104

Country USA

Zip 34104

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PINTER, MICHAEL R  
4328 CORPORATE SQUARE, STE. C  
NAPLES FL 34104

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PINTER, MICHAEL R  
STREET ADDRESS 4329 CORPORATE SQUARE, SUITE C  
CITY - ST - ZIP NAPLES FL 34104 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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TITLE  
NAME  
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CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.