

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000074527**

1. Entity Name

FIDELITY FIRST TITLE CORPORATION**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90096 009 ***150.00

Principal Place of Business

101 S. WYMORE RD
SUITE 100
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

101 S. WYMORE RD
STE 100
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3466388**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PRUNA, SURANIE "MELA"**
101 WYMORE RD
#100
ALTAMONTE SPRINGS FL 32714

Name

WAYNE D. SCHNEIDERHAN

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

3696 UIMERTON RD # 210

City

CLEARWATER**FL**

Zip Code

33762

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

Wayne D. Schneiderhan

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

(NOTE: Registered Agent signature required when reinstating)

4/10/01

DATE

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **PRUNA, SURANIE**
STREET ADDRESS **101 S. WYMORE RD/STE 100**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**TITLE **D** ☐ Change ☒ Addition
NAME **WAYNE D. SCHNEIDERHAN**
STREET ADDRESS **3696 UIMERTON RD # 210**
CITY-ST-ZIP **CLEARWATER FL 33762**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:*Wayne D. Schneiderhan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/10/01**
Date**727-571-3200**
Daytime Phone #

CR2E034 (10/00)