

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90841 043 \*\*\*150.00



☒ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P98000017035	
<b>1. Entity Name</b> HOMEOWNERS' TITLE CORP.	

<b>Principal Place of Business</b> 1701 WEST HILLSBORO BLVD. #301 DEERFIELD BEACH FL 33442	<b>Mailing Address</b> 1701 WEST HILLSBORO BLVD. #301 DEERFIELD BEACH FL 33442
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<b>2. Principal Place of Business</b> 2650 N. Military Trail Suite, Apt. #, etc. 150	<b>3. Mailing Address</b> 2650 N. Military Trail Suite, Apt. #, etc. 150
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<b>City &amp; State</b> Boca Raton, FL	<b>City &amp; State</b> Boca Raton, FL
<b>Zip</b> 33431	<b>Country</b> USA

<b>4. FEI Number</b> 65-0816305	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  WEINTRAUB, PETER B 1701 WEST HILLSBORO BLVD. #301 DEERFIELD BEACH FL 33442
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<b>7. Name and Address of New Registered Agent</b>  Name Peter B. Weintraub Street Address (P.O. Box Number is Not Acceptable) 2650 N. Military Trail; Suite 150  City Boca Raton FL Zip Code 33431
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**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** Ioni Weintraub, Sec. (NOTE: Registered Agent signature required when reinstating) **DATE**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete WEINTRAUB, PETER B 1701 WEST HILLSBORO BLVD. #301 DEERFIELD BEACH FL 33442
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete GINBERG, ROB 6943 GIRALDA CIRCLE BOCA RATON FL 33433
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Weintraub, Peter B. 2650 N. Military Tr.; Suite 150 Boca Raton, FL 33431
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.**

**SIGNATURE:** Ioni Weintraub, Sec. **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)