## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 64747					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS							
Addison Title Company, Inc.					01 JUN 25 PM 3: 19							
Principal Plac	e of Busine	S8	Mailing Address								_	
6274	4 Linto	on - Suite 100 on Blvd. ach, Florida 3	3484									
2. Principal P			3. Mailing Address	_ 0.								
The Addison - Suite 100 Suite, Apt. #, etc.		Suite Apt. #, etc.			DO NOT V	VRITE	IN THIS S	PACE				
6274 Linton Blvd.  City & State Delray Beach, FL		6274 Linton Blvd.  City&State Delray Beach, FL			4. FEI Number		<del></del>	<del></del>	Applied	For		
Zin		Country		Country			6500947841				Not App	licable
3348		US	Zip 33484	ŬŠ	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desire	d		ee Requ	Additiona uired	!
	6. Nam	e and Address of Current R	legistered Agent		Name		7. Name and Address of No	w Reg	istered A	gent		
							McRae	ahle)				
					<del>                                     </del>		O Box Number is Not Accept	<del>)</del> ",	1			
							nton Blvd.		·			
							Beach		<u> </u>	Zip C 334		
8. The above	named enti	ty submits this statement for	the purpose of changing its	register	ed office or a	registered	d agent, or both, in the State of	f Florid	ia.			
SIGNATURE _	Signature, type	d or printed name of registered agent an	nd little if applicable. (NOTE	: Registere	Anı		McRae	6/2	20/200	)1	·	-
Tax filing re		gible to satisfy its Intangible and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee	will be \$5	50.00	10. Election Campaign Trust Fund Contribu		icing 🗆		5.00 Ma ded to Fe	
11.		OFFICERS AND D		12.			ADDITIONS/CHANGES TO	OFFICE	ERS AND			
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STREET ADDRESS					ET ADDRESS		M. McRae ddison - Suite	100				
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NAME			_ Done	NAM	£ [		President and D:	irec	ctor	Ondary	, u	
STREET ADDRESS CITY-ST-ZIP							ell T. McRae ddison - Suite	100	t			
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CITY-ST-ZIP					-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 of 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 of trustee empowered to elecute 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.												
SIGNAT	URE	SIGNATURE AND TYPED OR PR	OA MANA M. MCRE			ent	6/20/2001 Date	<b></b>		638 ylima Plune		