


"AMENDED"
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP 12 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068434		
1. Entity Name BONIFAY ABSTRACT & TITLE COMPANY		

DO NOT WRITE IN THIS SPACE

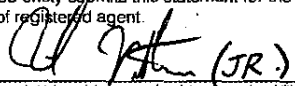
2. Principal Place of Business 124 E. Virginia Ave.		3. Mailing Address P.O. Box 326	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bonifay, Fl.		City & State Bonifay, Fl.	
Zip 32425	Country US	Zip 32425	Country US

DO NOT WRITE IN THIS SPACE

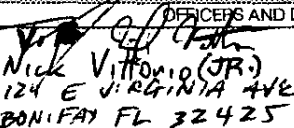
4. FEI Number 59-3537471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

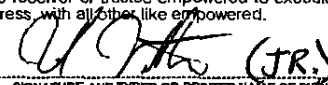
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Nick Vittorio (JR)	
Street Address (P.O. Box Number is Not Acceptable) 124 E. Virginia Ave.	
City Bonifay	FL Zip Code 32425

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  (JR.)	9/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 NICK VITTORIO (JR.) 124 E VIRGINIA AVE BONIFAY FL 32425	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICHOLAS VITTORIO (SR.) 72 W WALNUT ST FARMINGDALE N.Y. 11735	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023118065 09/16/03--01/03/04--002 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.	
SIGNATURE:  (JR.) NICHOLAS VITTORIO	9/10/03 (850) 547 2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2034B (12/02)

9/12