

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098139

1. Entity Name

LEXINGTON TITLE AGENCY, INC.

Principal Place of Business

Mailing Address

10138 U.S. 19
PORT RICHEY FL 34668

10138 U.S. 19
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3554616

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

SMITH, MARLIE B
10138 U.S. 19
PORT RICHEY FL 34668

Name MARGARET L SMITH

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

10138 U.S. 19

City PORT RICHEY FL 34668

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 STD
NAME SMITH, MARLIE B
STREET ADDRESS 10138 U.S. 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE STD
NAME MARGARET L SMITH
STREET ADDRESS 10138 U.S. 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE PD
NAME GALLAGHER, CRAIG
STREET ADDRESS 10138 U.S. 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VP
NAME LORI MOWRY
STREET ADDRESS 10138 U.S. 19
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90034 017 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)