2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000106536**

1. Entity Name

NATIONAL SEARCH & ABSTRACT, INC.

Principal Place of Business

Mailing Address

2605 ENTERPRISE RD. STE 150 2605 ENTERPRISE RD. STE 150 CLEARWATER FL 33759-1068 CLEARWATER FL 33759 3. Mailing Address 2. Principal Place of Business DRIVE 708 ELISE MARIE DRIVE 1908 ECISE MARIE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3549193 Not Applicable SEFFNUR. SEFFINER \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIERSON, MARK Street Address (P.O. Box Number is Not Acceptable) 1708 ELISE MARIE DRIVE SEFFNER FL 33584 City Zip Code 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTSD . Delete TITLE PILESON, MARK A. PIERSON, MARK A NAME NAME 1708 ELISE MARIE DR. STREET ADDRESS STREET ADDRESS 2605 ENTERPRISE ROAD #150 SERFNUM, FL. 33584 CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33759** ☐ Delete TITLE TITLE ROBERT HITSMAN NAME NAME 15544 BAY U/STADR. STREET ADDRESS STREET ADDRESS CEERMONT, FE 34711 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change ☐ Addition TITI E ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME STREET ADDRESS 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 eath; 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.

MARK A. Kienson SIGNATURE:

FILED

May 02, 2000 8:00 am Secretary of State

05-02-2000 90126 029 ***150.00