## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 10, 2000 08:00 AM DOCUMENT # P99000047822 1. Entity Name **Secretary of State** TITLE NATION, INC. Principal Place of Business Mailing Address 3170 N FEDERAL HWY STE 116 3170 N FEDERAL HWY STE 116 LIGHTHOUSE POINT FL LIGHTHOUSE POINT FL 33064 33064 2. Principal Place of Business 3. Mailing Address 4628 NORTH FEDERAL HIGHWAY 4628 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LIGHTHOUSE POINT FL LIGHTHOUSE POINT FL. 65-0918163 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33064 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOREN RANDY 2401 NE 45 STREET Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT 33064 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. 03/10/2000 RANDY A. LOREN Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE ☐ Detete ☐ Change X Addition NAME DYSCH JEREMY STREET ADDRESS STREET ADDRESS 576 CYPRESS GREEN CIRCLE CITY-ST-ZIP CITY-ST-ZIP WELLINGTON $\mathbf{FL}$ 33414 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME LOREN RANDY STREET ADDRESS STREET ACCRESS 2410 NORTHEAST 45TH STREET CITY-ST-ZIF CITY-ST-718 LIGHTHOUSE POINT FT. 33064 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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