2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 17, 2001 8:00 am Secretary of State DOCUMENT # P99000059621 05-17-2001 90384 014 ***150.00 MASTERS TITLE AND ESCROW COMPANY Principal Place of Business Mailing Address 235 MAITLAND AVENUE SOUTH 235 MAITLAND AVENUE SOUTH SUITE 216 SUITE 216 MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3590911 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, BERRY J JR Street Address (P.O. Box Number is Not Acceptable) 235 MAITLAND AVENUE SOUTH **SUITE 216** MAITLAND FL 32751 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WALKER, BERRY J JR STREET ADDRESS STREET ADDRESS 235 MAITLAND AVENUE SOUTH, SUITE 216 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Addition Change TITLE D ☐ Delete NAME WALKER, JANICE G STREET ADDRESS STREET ADORESS 235 MAITLAND AVENUE SOUTH, SUITE 216 CÎTY ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Change ■ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

BERRY J. WALKER, JR., Aresident 5 1/0/

FILED