2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 MAY -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0028743 AV

DOCUMENT # P99000063422

1. Entity Name
BARRISTERS LAW & TITLE CORPORATION

Principal Place of Business	Mailing Address
4540 SOUTHSIDE BLVD SUITE 401 JACKSONVILLE FL 32216	4540 SOUTHSIDE BLVD SUITE 401 JACKSONVILLE FL 32216

2. Principal Place of Business	3. Mailing Address
~~4540~~ 435 CLARK RD.	435 CLARK RD
Suite, Apt. #, etc. SUITE 312-3	Suite, Apt. #, etc. SUITE 312-3
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32218 Country	Zip 32218 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3587325 ☐ 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
COLEMAN, STEVE 4540 SOUTHSIDE BLVD SUITE 401 JACKSONVILLE FL 32216	Name: STEVE COLEMAN Street Address (P.O. Box Number is Not Acceptable): 435 CLARK RD SUITE 312-3 City: JACKSONVILLE FL Zip Code: 32218

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 _____ 4/29/03

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COLEMAN, STEVE 4540 SOUTHSIDE BLVD SUITE 401 JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COLEMAN, STEVE ~~4540 SOUTHSIDE~~ 435 CLARK RD SUITE 312-3 JACKSONVILLE, FL 32218	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/03 (904) 538-7057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #