FILED
Jun 06, 2003 8:00 am
Secretary of State
06-06-2003 90044 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090253

1. Entity Name
ATLANTIC EAST TITLE, INC.

Principal Place of Business	Mailing Address
110 EAST ATLANTIC AVENUE #250 DELRAY BEACH, FL 33444	110 EAST ATLANTIC AVENUE #250 DELRAY BEACH, FL 33444

2. Principal Place of Business	3. Mailing Address
4733 W. Atlantic Ave.	P.O. Box 8169
Suite, Apt. #, etc.: C-15	Suite, Apt. #, etc.:
City & State: Delray Bch., FL	City & State: Delray Bch., FL
Zip: 33445 Country: USA	Zip: 33482 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0989318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JODI B. GREEN, P.A.
110 EAST ATLANTIC AVENUE #250
DELRAY BEACH, FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4733 W. Atlantic Ave. Ste. C-15

City Delray Bch. FL Zip Code 33445

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 ______________________ DATE
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
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	PTD GREEN, JODI B 110 EAST ATLANTIC AVENUE #250 DELRAY BEACH, FL 33444 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4733 W. Atlantic Ave. #C-15 Delray Bch., FL 33445 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GRAPER, LORIN H 110 E ATLANTIC AVE #250 DELRAY BEACH, FL 33444 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Graper, Lorin H. 4733 W. Atlantic Ave #C-15 Delray Bch., FL 33445 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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] 06/03/03 561-638-1493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #