FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2001 8:00 am DOCUMENT # P99000101596 **Secretary of State** INFINITY TITLE GROUP, INC. 03-06-2001 90337 015 ***150.00 Principal Place of Business Mailing Address 2240 BELLEAIR RD SUITE 100 2240 BELLEAIR RD SUITE 100 CLEARWATER FL 33764 CLEARWATER FL 33764 2. Principal Place of Business Mailing Address 200 Bryan Daus Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3619181 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVEN W. MOORE, P.A. Box Number is Not Acceptable) 2240 BELLEAIR RD SUITE 100 **CLEARWATER FL 33764** 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 nd title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change Change MOORE, STEVEN W 8000 Bryan Daury Rd., STE 300 Largo, FL 33777 NAME NAME 2240 BELLEAIR RD SUITE 100 STREET ADDRESS STREET ADDRESS CLEARWATER FL 33764 CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

President

IGNATURE AND EXPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR