FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 24, 2000 8:00 am Secretary of State OCUMENT # S 44580 Entity Name 05-24-2000 90147 046 ***158.75 irst Southern Title Company, Inc. ানালুন! Place of Business Mailing Address 👊 🛈 Glades Road, Suite 110 739655 😇 Raton, Florida 33431 10 3. Mailing Address Principal Place of Business 795 Town Center Road 5295 Town Center Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Third Floor ird Floor Applied For 4. FEI Number City & State City & State a Raton, FL Boća Raton, FL Not Applicable 65-0266991 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 486 33486 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Harvey Scholl Harvey Scholl 2000 Glades Road, Suite 110 Street Address (P.O. Box Number is Not Acceptable) Boca Raton, Florida 33431 5295 Town Center Road Third Floor Zip Code City 33486 Boca Ration 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 April 28, 2000 GNATURE 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 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) Change Addition President/Director ☐ Delete TITLE LF NAME ΜE Harvey Scholl STREET ADDRESS REET ADDRESS 5295 Town Center Road, 3rd Floor CITY-ST-ZIP Y-ST-ZIP Boca Raton, FL 33486 ☐ Change Addition ☐ Delete TITLE Vice President LΕ MAKE МE Marcia Rudinsky DiPlacido STREET ADDRESS REET ADDRESS 5295 Town Center Road, 3rd Floor CITY-ST-ZIP Y-ST-ZIP Boca Raton, FL 33486 ⁻[Change ☐ Addition Delete TITLE LE NAME ME REET ADDRESS STREET ADDRESS CHTY-ST-ZIP Y-ST-ZIP ☐ Change Addition Defete TITLE LE NAME WE STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP ☐ Addition ☐ Change ĹΕ Delete TITLE NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP b. 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. IGNATURE: Davtime Phone #