

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90147 046 ***158.75

DOCUMENT # S 44580
Entity Name
 First Southern Title Company, Inc.

Principal Place of Business **Mailing Address**
 2000 Glades Road, Suite 110
 Boca Raton, Florida 33431

739655

Principal Place of Business **3. Mailing Address**
 5295 Town Center Road 5295 Town Center Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Third Floor Third Floor

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 Boca Raton, FL Boca Raton, FL

4. FEI Number **Applied For**
 65-0266991 Not Applicable

Zip **Country** **Zip** **Country**
 33486 US 33486 US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Harvey Scholl
 2000 Glades Road, Suite 110
 Boca Raton, Florida 33431

7. Name and Address of New Registered Agent
 Name: Harvey Scholl
 Street Address (P.O. Box Number is Not Acceptable):
 5295 Town Center Road
 Third Floor
 City: Boca Raton **FL** Zip Code: 33486

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 _____ **April 28, 2000** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

OFFICERS AND DIRECTORS	
TITLE: President/Director <input type="checkbox"/> Delete NAME: Harvey Scholl STREET ADDRESS: 5295 Town Center Road, 3rd Floor CITY-ST-ZIP: Boca Raton, FL 33486	
TITLE: Vice President <input type="checkbox"/> Delete NAME: Marcia Rudinsky DiPlacido STREET ADDRESS: 5295 Town Center Road, 3rd Floor CITY-ST-ZIP: Boca Raton, FL 33486	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	

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.

SIGNATURE:  **PRESIDENT** **4-28-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)