FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90713 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #V06169

1. Entity Name
GLOBAL TITLE COMPANY, A FLORIDA CORPORATION

11039117

Principal Place of Business	Mailing Address
13500 N. TAMIAMI TRAIL SUITE 9 NAPLES, FL 34110 US	13500 N. TAMIAMI TRAIL SUITE 9 NAPLES, FL 34110 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0352527 ☐ 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
LAWHON, ANTHONY M PARISH, WHITE, LAWHON, MOORE, PA 2171 PINE RIDGE RD., STE D NAPLES, FL 34109	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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's signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1st 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

CHAIRMAN OF THE BOARD

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	XX CHAIRMAN OF BOARD	☐ Delete	TITLE	XXXXXXXXXXXXXXXXXXXX	☐ Change ☐ Addition
NAME	GALY, ALBERT J.		NAME		
STREET ADDRESS	2154 TRADE CENTER WAY		STREET ADDRESS	13500 N. TAMIAMI TRAIL	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	SUITE #9, NAPLES, FL 34110	
TITLE	VP	☐ Delete	TITLE	PRESIDENT XX	☐ Change ☐ Addition
NAME	DARGAI, LANA KAYE		NAME		
STREET ADDRESS	2154 TRADE CENTER		STREET ADDRESS	13500 N. TAMIAMI TRAIL	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	NAPLES, FLORIDA 34110	
TITLE	DENISE M. FRANTZ	☐ Delete	TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME			NAME		
STREET ADDRESS	13500 N. TAMIAMI TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SUITE #9, NAPLES, FLA		CITY-ST-ZIP		
TITLE	LEE F. CARNEY	☐ Delete	TITLE	SECRETARY/TREASURER XXX	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS	13500 N. TAMIAMI TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SUITE #9, NAPLES, FLA		CITY-ST-ZIP		
TITLE	WILLIAM HURT	☐ Delete	TITLE	CHIEF FINANCIAL OFFICER	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS	13500 N. TAMIAMI TRAIL		STREET ADDRESS		
CITY-ST-ZIP	SUITE #9, NAPLES, FLA		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Lana Kaye Dargai 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #