

UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 11 PM 3:52

DOCUMENT # V35000
1. Entity Name
 FUENTES AND KREISCHER TITLE COMPANY
 (AMENDED REPORT)

Principal Place of Business 1407 W. Busch Blvd. Tampa, FL 33612	Mailing Address 1407 W. Busch Blvd. Tampa, FL 33612
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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 -05/29/01--0101--014
 *****61.25 *****61.25
 DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3137263	Applied For Not Applicable
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6. Name and Address of Current Registered Agent
 C T Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

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

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

FILE NOW!
 After MAY 1, 2001
 Make Check Payable to Department of State
FEES IS \$150.00
 Fee will be \$550.00

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

11. OFFICERS AND DIRECTORS	
TITLE VP	<input type="checkbox"/> Delete
NAME Fuentes, Lawrence E.	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	
TITLE VPST	<input type="checkbox"/> Delete
NAME Kreischer, Albert C. Jr	
STREET ADDRESS 1407 W. Busch Blvd	
CITY-ST-ZIP Tampa, FL 33612	
TITLE P	<input type="checkbox"/> Delete
NAME Baccus, Brian L.	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	
TITLE VP	<input type="checkbox"/> Delete
NAME Weissman, Alan S.	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	
TITLE D	<input type="checkbox"/> Delete
NAME Reinhardt, Joe A.	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	
TITLE VP&Asst Secretary	<input type="checkbox"/> Delete
NAME Brigante, Brad J.	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Farenga, Patrick	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	
TITLE VP & CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Stinson, Alan L.	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	
TITLE DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Maudsley, Ronald R.	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	
TITLE Asst Sec	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Van Roeyen, Eileen W.	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Meinhardt, Erika	
STREET ADDRESS 1407 W. Busch Blvd.	
CITY-ST-ZIP Tampa, FL 33612	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] **DATE:** 4/27/01 **DAYTIME PHONE #:** 813/933-6647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)