

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90142 048 \*\*\*150.00

0348369 AV

**DOCUMENT # P99000022263**

1. Entity Name  
**TITLE MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**412 SOUTHEAST 23RD STREET  
FT. LAUDERDALE FL 33316**

Mailing Address  
**412 SOUTHEAST 23RD STREET  
FT. LAUDERDALE FL 33316**

**11030102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**701 W. CYPRESS CREEK HD.**

**SUITE 303**

**FORT LAUDERDALE, FL 33309**

CHECK HERE IF MAKING CHANGES

City & State  
**701 W. CYPRESS CREEK RD.  
SUITE 303  
FORT LAUDERDALE, FL 33309**

City & State  
**FORT LAUDERDALE, FL 33309**

4. FEI Number  
**65-0910159**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**AMSTER, GOMEZ & GOTTFRIED, P.A.  
412 SOUTHEAST 23RD STREET  
FT. LAUDERDALE FL 33316**

Name  
**Amster, Gottfried, P.A.**

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

**701 W. CYPRESS CREEK HD.**

**SUITE 303**

**FORT LAUDERDALE, FL 33309**

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 *Paul D. Gottfried*

**4-29-03**

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D**  
STREET ADDRESS **GOTTFRIED, PAUL D**  
CITY-ST-ZIP **412 SOUTHEAST 23RD STREET  
FT. LAUDERDALE FL 33316**

TITLE  Change  Addition  
NAME **D**  
STREET ADDRESS **Gottfried, Paul D**  
CITY-ST-ZIP **701 W. CYPRESS CREEK HD.  
SUITE 303  
FORT LAUDERDALE, FL 33309**

TITLE  Delete  
NAME **D**  
STREET ADDRESS **AMSTER, STEVEN R**  
CITY-ST-ZIP **412 SOUTHEAST 23RD STREET  
FT. LAUDERDALE FL 33316**

TITLE  Change  Addition  
NAME **D**  
STREET ADDRESS **Amster, Steven R**  
CITY-ST-ZIP **701 W. CYPRESS CREEK HD.  
SUITE 303  
FORT LAUDERDALE, FL 33309**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *STEVEN R. AMSTER*

**04/29/03 954-467-7840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)