

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90092 050 ***150.00

DOCUMENT # **F02000002816**

1. Entity Name

Florida First Escrow Company



DO NOT WRITE IN THIS SPACE

90009601

2. Principal Place of Business
1531 S. Tamiami Trail

3. Mailing Address
1531 S. Tamiami Trail

Suite, Apt. #, etc.
#703

Suite, Apt. #, etc.
#703

City & State
Venice, Florida

City & State
Venice, Florida

Zip
34292

Country
USA

Zip
34292

Country
USA

4. FEI Number
52-2376714

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
E. Jacobs

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

1531 S. Tamiami Trail #703

City
Venice

FL

Zip Code
34292

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Julie Dixon, Vice President
1531 S. Tamiami Trail #703
Venice, Florida 34292

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/03 941-497-4000

CR2E034B (12/02)