

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90203 018 ***150.00

0085697 AV

DOCUMENT # G59230

1. Entity Name
FIRST SOUTHWESTERN TITLE COMPANY OF FLORIDA



Principal Place of Business
2250 LUCIEN WAY, STE. 200
MAITLAND FL 32751
US

Mailing Address
2250 LUCIEN WAY, STE. 200
MAITLAND FL 32751
US

11014703



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1530586

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANA, ANITA C
2250 LUCIEN WAY STE 200
MAITLAND FL 32751

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DANA, ANITA C	
STREET ADDRESS	2250 LUCIEN WAY, STE. 200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	AV	<input type="checkbox"/> Delete
NAME	HAMILTON, SHERRY	
STREET ADDRESS	5965 RED BUG LAKE RD., #221	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	KAYTON, DAVID	
STREET ADDRESS	2128 N. BAY RD.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLEMAN, DOUGLAS A	
STREET ADDRESS	2250 LUCIEN WAY, STE 200	
CITY-ST-ZIP	MAITLAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUBLYK, BARBARA J	
STREET ADDRESS	2250 LUCIEN WAY, STE 200	
CITY-ST-ZIP	MAITLAND FL	
TITLE	AV	<input type="checkbox"/> Delete
NAME	HARPER, JANICE F	
STREET ADDRESS	2250 LUCIEN WAY STE 200	
CITY-ST-ZIP	MAITLAND FL 32751	

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

4/21/03 (407) 660-1717

CR2E034 (10/02)