

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90004 024 ***150.00

DOCUMENT # G90991

1. Entity Name

AMERISTAR TITLE INSURANCE AGENCY, INC.

Principal Place of Business

**2921 STIRLING ROAD
STE. 205
FORT LAUDERDALE FL 33312
US**

Mailing Address

**2921 STIRLING ROAD
STE. 205
FORT LAUDERDALE FL 33312
US**

2. Principal Place of Business

1815 Griffin Road, Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Dania, FL

3. Mailing Address

1815 Griffin Road, Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Dania, FL

Zip

33004

Country

Broward

Zip

33004

Country

Broward

4. FEI Number

65-0028647

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MARKS, JEFFREY N.**2921 STIRLING ROAD 33312****FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

Marks, Jeffrey N.

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

1815 Griffin Road, Suite 200

City

Dania**FL**

Zip Code

33004

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

Jeffrey N. Marks**1-21-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	MARKS, JEFFREY N.	
STREET ADDRESS	2921 STIRLING ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marks, Jeffrey N.	
STREET ADDRESS	1815 Griffin Road, Suite 200	
CITY-ST-ZIP	Dania, FL 33004	
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		

13. 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 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Jeffrey N. Marks, President****1-21-02**

Date

954-342-8484

Daytime Phone #

CP2E034 (9/01)