

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

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90004 027 ***150.00

DOCUMENT # **K 57955**

1. Entity Name

Executive Title Insurance Services, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1136 N.E. Pine Island Rd **1136 N.E. Pine Island Rd.**

Suite, Apt. #, etc.

Suite 12

Suite, Apt. #, etc.

Suite 12

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33909

Country

USA

Zip

33909

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0093460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK J. RACKAY

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

1136 NE Pine Island Road

Suite 12

City

CAPE CORAL

FL

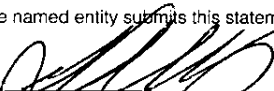
Zip Code

33909

**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.

SIGNATURE



MARK J. RACKAY Vice President

3-7-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT / DIR**
NAME **RICHARD S. YANKOWSKI JR**
STREET ADDRESS **1136 N.E. Pine Island Rd. Suite 12**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP, SEC, TREAS, DIR**
NAME **LEONORA A. ROBERTSON**
STREET ADDRESS **1136 NE Pine Island Rd Suite 12**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP**
NAME **MARK J. RACKAY**
STREET ADDRESS **1136 N.E. Pine Island Rd. Suite 12**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

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

SIGNATURE:



MARK J. RACKAY VP 3-7-02 941-574-9806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)