

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90366 008 ***150.00

DOCUMENT # L92753

1. Entity Name
DOMINION TITLE SERVICES, INC.

Principal Place of Business

9000 SHERIDAN STREET
 STE 117
 PEMBROKE PINES FL 33024
 US

Mailing Address

9000 SHERIDAN STREET
 STE 117
 PEMBROKE PINES FL 33024
 US

2. Principal Place of Business

2440 SW 105TH TERRACE

3. Mailing Address

2440 SW 105TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number **65-0208714**

Applied For

Not Applicable

Zip

33314

Country

Browns

Zip

33314

Country

Browns

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

MARINER, MILDRED C.
9000 SHERIDAN STREET
STE 117
PEMBROKE PINES FL 33024

Name

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

2440 SW 105TH TERRACE

City

DAVIE

FL

Zip Code

33314

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 **Mildred C. Mariner**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-01

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPC**
 STREET ADDRESS **MARINER, MILDRED C.**
 CITY-ST-ZIP **9000 SHERIDAN ST STE 117**
PEMBROKE PINES FL

TITLE ☒ Change ☐ Addition
 NAME **MARINER, MILDRED C**
 STREET ADDRESS **2440 SW 105TH TERRACE**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Mildred C. Mariner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01

CR2E034 (10/00)