

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90074 046 ***150.00

DOCUMENT # L599692

1. Entity Name

MEDICAL ESCROW SOCIETY, INC.

420434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
601 N. New York Avenue

3. Mailing Address
601 N. New York Avenue

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

#202

Suite, Apt. #, etc.

#202

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3040150

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert P. Saltsman

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

222 S. Pennsylvania Avenue

Suite 200

City

Winter Park

FL

32789

**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

Robert Saltsman

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

(NOTE: Registered Agent signature required when reinstating)

2/20/02

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 P/D
NAME Christopher Lane
STREET ADDRESS 601 N. New York Ave., Suite 202
CITY- ST- ZIP Winter Park, FL 32789

TITLE VP/D
NAME Jennifer Spradley
STREET ADDRESS 601 N. New York Ave., Suite 202
CITY- ST- ZIP Winter Park, FL 32789

TITLE T/S/D
NAME Griffin Valdes
STREET ADDRESS 601 N. New York Ave., Suite 202
CITY- ST- ZIP Winter Park, FL 32789

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Lane

Date

2/22/02

Daytime Phone #

CR2E034B (12/01)