

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90022 008 ****70.00

DOCUMENT # N98000006185

1. Entity Name

THE EMERSON STREET TITLE HOLDING COMPANY

Principal Place of Business

4401 EMERSON ST.
JACKSONVILLE FL 32207

Mailing Address

4401 EMERSON STREET
SUITE 1
JACKSONVILLE FL 32207

751440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3411330

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE ETTLINGER, CAROLYN
4401 EMERSON ST.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

CAROLYN W. ETTLINGER

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, NELSON	
STREET ADDRESS	225 WATER STREET, 8TH FLR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILLIAMS, WALTER	
STREET ADDRESS	445 STATE RD 13 STE 6-B	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEVELAND, HOLLY K	
STREET ADDRESS	225 WATER ST., 2ND FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Scheu	
STREET ADDRESS	1301 Riverplace Blvd., Ste 1500	
CITY-ST-ZIP	Jacksonville FL 32207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwaine Stevens	
STREET ADDRESS	9786 Beaver St.	
CITY-ST-ZIP	Jacksonville FL 32220	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Duclos	
STREET ADDRESS	6111 N. Gazebo Park Pl.	
CITY-ST-ZIP	Jacksonville FL 32257	
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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)