

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number 59-3411330

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

WALLACE ETTLINGER, CAROLYN
4401 EMERSON ST.
JACKSONVILLE FL 32207

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SHEV, WILLIAM
STREET ADDRESS 1301 RIVERPLACE BLVD STE., #1500
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

TITLE DV
NAME WILLIAMS, WALTER
STREET ADDRESS 445 STATE RD 13 STE 6-B
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE D
NAME Tripp Gulliford
STREET ADDRESS 121 W. Forsyth St., Ste. 200
CITY-ST-ZIP Jacksonville FL 32202 ☐ Change ☒ Addition

TITLE D
NAME CLEVELAND, HOLLY K
STREET ADDRESS 225 WATER ST., 2ND FLOOR
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE D
NAME Jeff Stiles
STREET ADDRESS 3001 Baymeadows Way
CITY-ST-ZIP Jacksonville FL 32256 ☐ Change ☒ Addition

TITLE D
NAME STEVENS, DWAINEM
STREET ADDRESS 9786 BEAVER ST
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME Dwaine Stevens
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DUCLOS, MICHAEL
STREET ADDRESS 6111 N. GAZEBO PARK PL
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (9M) 398-4424

Date Daytime Phone #

CR2E037 (9/01)