

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006185

FILED  
Apr 24, 2003  
Secretary of State

**Entity Name:** THE EMERSON STREET TITLE HOLDING COMPANY

**Current Principal Place of Business:**

4401 EMERSON ST.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4401 EMERSON STREET  
SUITE 1  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3411330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALLACE ETTLINGER, CAROLYN  
4401 EMERSON ST.  
JACKSONVILLE, FL 32207

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHEU, WILLIAM  
Address: 1301 RIVERPLACE BLVD STE., #1500  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV ( ) Delete  
Name: WILLIAMS, WALTER  
Address: 445 STATE RD 13 STE 6-B  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: STILES, JEFF  
Address: 8001 BAYMEADOWS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: STEVENS, DWAIN  
Address: 9786 BEAVER ST  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D ( ) Delete  
Name: DUCLOS, MICHAEL  
Address: 6111 N. GAZEBO PARK PL  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: TRIPP, GULLIFORD  
Address: 121 WEST FORSYTH STREET, STE. 200  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BISHOP, BEN  
Address: 1225 SALT CREEK ISLAND  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change ( ) Addition  
Name: O'ROURKE, MICHELLE  
Address: 9428 BAYMEADOWS ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN BISHOP

D

04/24/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date