

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032669

1. Entity Name
ESQUIRE TITLE RESEARCH, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91170 031 ***555.00

Principal Place of Business
2409 JEWEL LEE LANE
PENSACOLA FL 32526

Mailing Address
2409 JEWEL LEE LANE
PENSACOLA FL 32526

111040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4019 Highway 291A
Suite, Apt. #, etc.

3. Mailing Address
4019 Highway 291A
Suite, Apt. #, etc.

City & State
Cantonment FL
Zip 32533 Country USA

City & State
Cantonment FL
Zip 32533 Country USA

4. FEI Number
59-3641648
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, VICKI H
2409 JEWEL LEE LANE
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name
Campbell, Vicki H.
Street Address (P.O. Box Number is Not Acceptable)
4019 Highway 291A
City
Cantonment FL Zip Code 32533

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.

(NOT

Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW
After MAY 1, 2001
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	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, VICKI	
STREET ADDRESS	2409 JEWEL LEE LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campbell	
STREET ADDRESS	4019 Highway 291A	
CITY-ST-ZIP	Cantonment FL 32533	
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		

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If the information has 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

Date

Daytime Phone #

CR2E034 (10/00)