

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117369

1. Entity Name

INTEGRITY TITLE AND ESCROW SERVICES, CORPORATION

Principal Place of Business

2309 PARK STREET
JACKSONVILLE FL 32204

Mailing Address

2309 PARK STREET
JACKSONVILLE FL 32204

2. Principal Place of Business

10151 DEERWOOD PARK Boulevard

Suite, Apt. #, etc.

Building 200, Suite 250

City & State
JACKSONVILLE, FL Florida

Zip
32256

Country
USA

3. Mailing Address

3878 VALENCIA Road

Suite, Apt. #, etc.

City & State
JACKSONVILLE, Florida

Zip
32205

Country
USA

4. FEI Number

59-3689446

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TODD, JOHN D
2309 PARK STREET
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name
Jim O. Moody, JR.

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

3878 Valencia Road

City
JACKSONVILLE

FL

Zip Code
32205

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

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

Jim O. Moody, JR.
(NOTE: Registered Agent signature required when reinstating)

2-13-01
DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
NAME
D
MOODY, JIMMY O JR.
STREET ADDRESS
3878 VALENCIA ROAD
CITY-ST-ZIP
JACKSONVILLE FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
V
MARY M. CUNNINGHAM
STREET ADDRESS
9516 BROKEN OAK Boulevard
CITY-ST-ZIP
JACKSONVILLE, Florida 32257 ☐ Change ☒ Addition

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

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jim O. Moody, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01
Date

(904) 993-3690
Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90048 015 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)