

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90148 044 ***150.00

DOCUMENT # **P01000038594**

1. Entity Name
TITLE SECURITY AND ESCROW OF CENTRAL FLORIDA, IN C.



Principal Place of Business
**1804 RIVERVIEW DR
MELBOURNE FL 32901**

Mailing Address
**1848 ARBOR DR
MELBOURNE FL 32935**

10001000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3711974**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARTIN, LINDA J
1848 ARBOR DR
MELBOURNE FL 32935**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda J. Martin*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/02**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **MARTIN, LINDA J**
STREET ADDRESS **1848 ARBOR DR**
CITY-ST-ZIP **MELBOURNE FL 32935** *P & D (President + Director)*

TITLE Change Addition
NAME **DOROTHY EMMONS**
STREET ADDRESS **4137 SILVER PALM DR.**
CITY-ST-ZIP **VELO BCH, FL 32963** *VICE P. Director*

TITLE **D** Delete
NAME **MARTIN, JONATHAN D.**
STREET ADDRESS **212 HAVEN DR.**
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

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

TITLE Delete
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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 607, 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: *Linda J. Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/6/02** DAYTIME PHONE # **321-409-8484**

CR2E034 (10/02)