

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90287 016 ***150.00

0357985 AV

DOCUMENT # P01000078782

1. Entity Name
FLORIDA EQUITY TITLE, INC.



Principal Place of Business
**150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION FL 33324**

Mailing Address
**150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION FL 33324**

11010101



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1130408**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PESTCOE, SCOTT L ESQUIRE
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION FL 33324**

Name **MICHELE ZALESKY**
Street Address (P.O. Box Number is Not Acceptable) **150 SOUTH PINE ISLAND RD
SUITE 540**
City **PLANTATION** FL Zip Code **33324**

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 *Michelle Zalesky*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/22/03**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PESTCOE, SCOTT L	2944 OAKBROOK DR	WESTON FL 33332	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT - D	MICHELE ZALESKY	150 S. PINE ISLAND RD, #540	PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SUSAN BAKALAN	100 PRESIDENT	100 S. PINE ISLAND RD, #540	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VP - D - S	MICHELE BAKALAN	100 S. PINE ISLAND RD #540	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	BARBARA KING	100 S. PINE ISLAND RD, #540	PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DAVID JONES	100 S. PINE ISLAND RD, #540	PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *MICHELE ZALESKY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/22/03** DAYTIME PHONE # **954-617-0353**

CR2E034 (10/02)