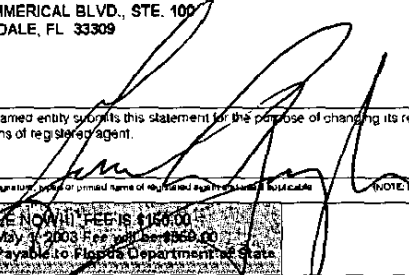
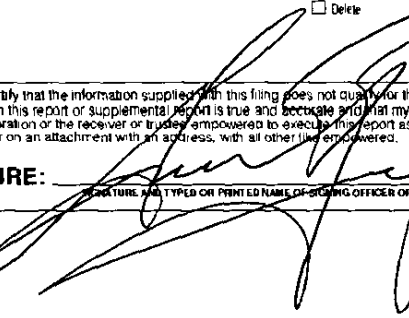


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90056 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80114980

DOCUMENT # P01000112516			
1. Entity Name ESQUIRE TITLE ENTERPRISES, INCORPORATED			
Principal Place of Business 1900 W. COMMERCIAL BLVD., STE. 100 FT. LAUDERDALE, FL 33309		Mailing Address 1900 W. COMMERCIAL BLVD., STE. 100 FT. LAUDERDALE, FL 33309	
2. Principal Place of Business 500 N. Cypress Creek Rd Suite 380 Ft. Lauderdale, FL 33309		3. Mailing Address 500 N. Cypress Creek Rd Suite 380 Ft. Lauderdale, FL 33309	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33309		Zip 33309	
Country USA		Country USA	
☐ CHECK HERE IF MAKING CHANGES			
4. FEI Number 65-1156214		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BAUGH, GRACE A ESO 1900 W. COMMERCIAL BLVD., STE. 100 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name: Grace A. Baugh, Esq. Street Address (P.O. Box Number is Not Acceptable) 500 N. Cypress Creek Rd, Suite 380 City: Ft. Lauderdale FL Zip Code: 33309	
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  Signature of person or printed name of registered agent (if not applicable)		DATE 5/1/03	
NOTE: NOW! FEE IS \$150.00 From May 1, 2003 Fee will be \$50.00 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 P NAME BAUGH, GRACE STREET ADDRESS 1900 W. COMMERCIAL BLVD., STE. 100 CITY-ST-ZIP FT. LAUDERDALE, FL 33309		TITLE ☐ Delete 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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		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	
12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  Signature and typed or printed name of signing officer or director		DATE 5/1/03 Date	