FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90056 021 ***150.00

80114980

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112516

1. Entity Name
ESQUIRE TITLE ENTERPRISES, INCORPORATED

Principal Place of Business
1900 W. COMMERICAL BLVD., STE. 100
FT. LAUDERDALE, FL 33309

Mailing Address
1900 W. COMMERICAL BLVD., STE. 100
FT. LAUDERDALE, FL 33309

2. Principal Place of Business: 500 N. Cypress Creek Rd
Suite, Apt. #, etc.: Suite 380
City & State: Ft. Lauderdale, FL
Zip: 33309 Country: USA

3. Mailing Address: 500 N. Cypress Creek Rd
Suite, Apt. #, etc.: Suite 380
City & State: Ft. Lauderdale, FL
Zip: 33309 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 ESQ
1900 W. COMMERICAL 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] 5/1/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	P BAUGH, GRACE 1900 W. COMMERICAL BLVD., STE. 100 FT. LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 5/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #