

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90240 037 ***150.00

DOCUMENT # P02000002180

1. Entity Name
ADVANTAGE TITLE & ESCROW, INC.



Principal Place of Business
**1001 WEST CYPRESS CREEK ROAD
320
FT. LAUDERDALE FL 33309**

Mailing Address
**1001 WEST CYPRESS CREEK ROAD
320
FT. LAUDERDALE FL 33309**



2. Principal Place of Business

**1451 W. Cypress Creek Rd
Suite, Apt. #, etc.
300**

3. Mailing Address

**1451 W. Cypress Creek Rd
Suite, Apt. #, etc.
Suite 300**

☐ CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
04-3606567

Applied For
Not Applicable

Zip
33309

Country
US

Zip
33309

Country
US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RYAN E. WILLITS, P.A.
1001 WEST CYPRESS CREEK ROAD
SUITE 320
FT. LAUDERDALE FL US**

7. Name and Address of New Registered Agent

Name
Steven Seale, P.A.

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

6070 N. Federal Hwy

Boca Raton

City
Boca Raton

FL

Zip Code

33487

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

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	P	<input type="checkbox"/> Delete
NAME	NEGRI, MICHAEL A	
STREET ADDRESS	1001 WEST CYPRESS CREEK ROAD, SUITE 320	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	Negri, Michael A	
STREET ADDRESS	1451 W. Cypress Creek Rd, Suite 300	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03

954.489.2777

Date

Daytime Phone #

CR2E034 (10/02)