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

Secretary of State 05-07-2003 90183 018 \*\*\*150.00

May 07, 2003 8:00 am

## DOCUMENT # P02000005268 1. Entity Name EXPRESS LIEN SEARCH & TITLE SUPPORT, INC. 70056533 Principal Place of Business Mailing Address 6122 WASHINGTON STREET HOLLYWOOD, FLORIDA, FL 33023 6122 WASHINGTON STREET HOLLYWOOD, FLORIDA, FL 33023 2. Principal Place of Business 3. Mailing Address 3500 N. SLALE LOOD! Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State LAuderdate City & State 4. FEI Number Of-0433222 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent LONSCHAMP, MARQUER VENDRYES, MARTINE 3500 N. STATE ROAD 7 Street Address (P.O. Box Number Is Not Acceptable 3500 N. State Road FT. LAUDERDALE, FL 33319 CINLAuderdale LAKES, 1 The above named entity submits this statement for the purpose of changing its registered office or rea the obligations of registered syent. stered agent, or both, in the State of Florida. I am familia 4 7 atus soured when minerating r FILE NOWH FEE IS \$150.00 After May 1: 2003 Fee will be \$550.00 Marie Check Payable to Florida Department of State. 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. - ⊊⊓et 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete LONSCHAMP, MARGUERITE = 3500 N. STAKE ROOD 7, Ste CRZE034 (10/02) TITLE 1016 Addition LONGCHAMP, MARGUERITE M NAMÉ NAME STREET ADDRESS 6122 WASHINGTON STREET STREET ADDRESS Lauderdale LAKES, EL. HOLLYWOOD, FL 33023 CITY-57-21P CITY-ST-ZP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE 📋 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 11116 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY-ST-ZIP TITLE Delete 1fflê ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDPESS CITY-ST-ZIP CITY-51-21P TITLE ☐ Delete □ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRES City-51-2(P 12. Thereby certify that the information supplied with this fligg does not qualify for the exemption stategor Section 119.07(3X). 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 truetee and because this report as required my signatures of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee and because this report as required my signature shall fine the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee.

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED HAME DIRECTOR