

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90170 012 ***150.00

DOCUMENT # P02000046078

1. Entity Name
TITLESERV, INC.



Principal Place of Business
**19209 SKYRIDGE CIRCLE
BOCA RATON FL 33498**

Mailing Address
**19209 SKYRIDGE CIRCLE
BOCA RATON FL 33498**



2. Principal Place of Business
8751 W. Broward Blvd

3. Mailing Address
8751 W. Broward Blvd

Suite, Apt. #, etc.
#201

Suite, Apt. #, etc.
#201

☒ CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
82-0541139

Applied For
☐ Not Applicable

Zip
33324

Country
USA

Zip
33324

Country
USA

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

**WEINSTEIN, SCOTT
19209 SKYRIDGE CIRCLE
BOCA RATON FL 33498**

Name
SCOTT WEINSTEIN

Street Address (P.O. Box Number is Not Acceptable)
8751 W. Broward Blvd

#201

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

(NOTE: Registered Agent signature required when reinstating)

1/23/03
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 **P** ☐ Delete
NAME **WEINSTEIN, SCOTT**
STREET ADDRESS **19209 SKYRIDGE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **P** ☒ Change ☐ Addition
NAME **Weinstein, Scott**
STREET ADDRESS **8751 W. Broward Blvd, #201**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **VP** ☐ Delete
NAME **ARNOLD, ANN**
STREET ADDRESS **19209 SKYRIDGE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **VP** ☒ Change ☐ Addition
NAME **Arnold, Ann**
STREET ADDRESS **8751 W. Broward Blvd, #201**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **T** ☐ Delete
NAME **HOFFMAN, SUSAN**
STREET ADDRESS **19209 SKYRIDGE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **T** ☒ Change ☐ Addition
NAME **HOFFMAN, SUSAN**
STREET ADDRESS **8751 W. Broward Blvd #201**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **S** ☐ Delete
NAME **BERNSTEIN, ALYSE**
STREET ADDRESS **19209 SKYRIDGE CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **S** ☒ Change ☐ Addition
NAME **BERNSTEIN, ALYSE**
STREET ADDRESS **8751 W. Broward Blvd #201**
CITY-ST-ZIP **Plantation, FL 33324**

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 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 **954-452-8310**
Date Daytime Phone #

CR2E034 (10/02)