

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90156 016 \*\*\*550.00

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**DOCUMENT # P02000089789**

1. Entity Name

REAL ESTATE SERVICES & TITLE, INC.



Principal Place of Business  
639 CLEMSON DRIVE  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
639 CLEMSON DRIVE  
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

405 Douglas Ave  
Suite, Apt. #, etc.  
2705

3. Mailing Address

405 Douglas Ave.  
Suite, Apt. #, etc.  
2705

☒ CHECK HERE IF MAKING CHANGES

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

4. FEI Number

27-0026645

Applied For

Not Applicable

Zip

32714

County

Seminole

Zip

32714

County

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, AMY J  
100 MOREE LOOP #18  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**May 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

TITLE P  
NAME DUNLAP, AMY J  
STREET ADDRESS 100 MOREE LOOP # 18  
CITY-ST-ZIP WINTER PARK FL 32708 ☐ Delete

TITLE D  
NAME DUNLAP, JOEL  
STREET ADDRESS 100 MOREE LOOP #18  
CITY-ST-ZIP WINTER PARK FL 32708 ☐ Delete

TITLE V  
NAME GRIFFIN, C. LANE  
STREET ADDRESS 721 FRONT STREET  
CITY-ST-ZIP CELEBRATION FL 34747 ☐ Delete

TITLE D  
NAME CUSTER, WILLIAM E  
STREET ADDRESS 721 FRONT STREET  
CITY-ST-ZIP CELEBRATION FL 34747 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME Griffin, C. Lane  
STREET ADDRESS 1615 Oak Springs Place  
CITY-ST-ZIP Lake Mary, FL 32746 ☒ Change ☐ Addition

TITLE D  
NAME Custer, William E.  
STREET ADDRESS 1615 Oak Springs Place  
CITY-ST-ZIP Lake Mary, FL 32746 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

5-5-03  
Date

407-788-3118  
Daytime Phone #

CR2E034 (10/02)