

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0026833  
AV

DOCUMENT # P02000100615

1. Entity Name  
NEIGHBORHOOD TITLE AND ESCROW, INC.



APPROVED  
AND  
FILED

03 SEP 10 AM 10:40

Principal Place of Business  
3858 SHERIDAN STREET  
HOLLYWOOD FL 33021

Mailing Address  
3858 SHERIDAN STREET  
HOLLYWOOD FL 33021

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
3868 SHERIDAN ST  
Suite, Apt. #, etc.

3. Mailing Address  
3868 SHERIDAN ST.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
Hollywood FL  
Zip  
33021  
Country  
Broward United States

4. FEI Number  
03-0482979  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DUCHINE, SANDRA  
3858 SHERIDAN STREET  
HOLLYWOOD FL 33021

## 7. Name and Address of New Registered Agent

Name

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

City

700022930287  
09/10/03 01050 012 \*\*550.00  
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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAPITA, MARIE 3858 SHERIDAN STREET HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DUCHINE, SANDRA 3858 SHERIDAN STREET HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Capita, Marie 3868 Sheridan Street Hollywood, Florida 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Duchine, Sandra 3868 Sheridan Street Hollywood, Florida 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/03)

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:

MARIE CAPITA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03 9549655002  
Date Daytime Phone #