

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 050 ***150.00

DOCUMENT # P03000017280

1. Entity Name

COUNTRYWIDE TITLE & ESCROW, INC.



Principal Place of Business

1133 S. UNIVERSITY DRIVE
#209A
PLANTATION FL 33324
US

Mailing Address

1133 S. UNIVERSITY DRIVE
#209A
PLANTATION FL 33324
US



2. Principal Place of Business

8551 WEST SUNRISE BLVD
Suite, Apt. #, etc.
UNIT 100

3. Mailing Address

8551 WEST SUNRISE BLVD
Suite, Apt. #, etc.
UNIT 100

1st MOORE

CR2E034 (10/05)

City & State

PLANTATION, FLORIDA

City & State

PLANTATION, FLORIDA

4. FEI Number

76-0729111

Applied For

Not Applicable

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, ANDREW
1133 SOUTH UNIVERSITY DRIVE
#209A
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

SAME

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

8551 WEST SUNRISE BLVD

UNIT 100

City

PLANTATION

FL

Zip Code

33322

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 *X* *AS* *ANDREW LEE, PRESIDENT*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE P ☐ Delete
NAME LEE, ANDREW
STREET ADDRESS 1133 SOUTH UNIVERSITY DRIVE #209A
CITY-ST-ZIP PLANTATION FL 33324

TITLE V ☐ Delete
NAME BOWIE, HOLLY S
STREET ADDRESS 8001 NW 54 CT
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8551 WEST SUNRISE BLVD #100
CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8551 WEST SUNRISE BLVD #100
CITY-ST-ZIP PLANTATION, FL 33322

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

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

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 119, 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: *X* *AS* *ANDREW LEE, PRESIDENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 954-723-1543

Date

Daytime Phone #