

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90012 013 ***150.00

DOCUMENT # P03000044120

1. Entity Name

CITY ESCROW & INVESTMENT SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4107 FALLON COURT

3. Mailing Address
4107 FALLON COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. FEI Number

05-0564618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MELISSA DAWN JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
4107 FALLON COURT

City

BRANDON

FL

Zip Code

33511

**DO NOT WRITE
IN THIS SPACE**

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

4/13/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT MELISSA DAWN JOHNSON 4107 FALLON COURT BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MELISSA DAWN JOHNSON BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER ⁵ MELISSA DAWN JOHNSON 4107 FALLON COURT BRANDON, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/04

813-477-1845

CR2E034B (12/02)