

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90010 020 \*\*\*150.00

**DOCUMENT # P94000007797****1. Entity Name**  
**CAMBRIDGE TITLE, INC.****Principal Place of Business**  
**1311 NEWPORT CENTER DRIVE WEST**  
**SUITE A**  
**DEERFIELD BEACH FL 33442****Mailing Address**  
**1311 NEWPORT CENTER DRIVE WEST**  
**SUITE A**  
**DEERFIELD BEACH FL 33442****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **65-0546726**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****NOWAK, MARCI**  
**3091 NORTH COURSE DRIVE, SUITE 407**  
**POMPANO BEACH FL 33069****7. Name and Address of New Registered Agent****Name - MARCI NOWAK**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1311 NEWPORT CENTER DRIVE WEST, SUITE A**  
**DEERFIELD BEACH**  
**City FL Zip Code 33442****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.****SIGNATURE** **MARCI NOWAK**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/03/01****9. This corporation is eligible to satisfy its Intangible**  
**Tax filing requirement and elects to do so.**  
**(See criteria on back)** ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing**  
**Trust Fund Contribution.** ☐**\$5.00 May Be**  
**Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **D** ☐ Delete  
**NAME** **NOWAK, MARCI**  
**STREET ADDRESS** **3091 NORTH COURSE DRIVE, SUITE 407**  
**CITY-ST-ZIP** **POMPANO BEACH FL****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PRESIDENT/DIRECTOR** ☒ Change ☐ Addition  
**NAME** **MARCI NOWAK**  
**STREET ADDRESS** **1311 NEWPORT CENTER DRIVE WEST, SUITE A**  
**CITY-ST-ZIP** **DEERFIELD BEACH, FL 33442****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****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCI NOWAK****01/03/01 (954) 420-5225**

Date

Daytime Phone #

CR2E034 (10/00)