

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90132 006 ***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
1324 W. NEWPORT CTR DR.

3. Mailing Address
1324 W. NEWPORT CTR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

4. FEI Number
65-0546726

Applied For
Not Applicable

Zip
33442

Country
USA

Zip
33442

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOWAK, MARCI
1311 NEWPORT CENTER DRIVE WEST
SUITE A
DEERFIELD BEACH FL 33442**

Name
NOWAK, MARCI

Street Address (P.O. Box Number is Not Acceptable)
1324 W. NEWPORT CENTER DRIVE

City **DEERFIELD BEACH, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NOWAK, MARCI
1311 NEWPORT CT DR W., STE A
DEERFIELD BEACH FL 33442** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NOWAK, MARCI
1324 W. NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

1-7-03

954-420-5225

Date

Daytime Phone #

CR2E034 (10/02)