

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000048793

1. Entity Name
NOVA TITLE COMPANY



Principal Place of Business
**1401 UNIVERSITY DR.
STE 402
CORAL SPRINGS, FL 33071 US**

Mailing Address
**1401 UNIVERSITY DR.
STE 402
CORAL SPRINGS, FL 33071 US**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0508507

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HUME, JOHN
1401 UNIVERSITY DR.
SUITE 301
CORAL SPRINGS, FL 33071**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	HUME, JOHN
STREET ADDRESS	1401 UNIVERSITY DR. #301
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	VS
NAME	JOHNSON, HENRY W
STREET ADDRESS	1401 UNIVERSITY DR., SUITE 301
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	EZRATTI, MAYA
STREET ADDRESS	1401 UNIVERSITY DR #200
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	D
NAME	EZRATTI, ROSA
STREET ADDRESS	1401 UNIVERSITY DR #200
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000013773
01/26/04-80067-011 150.00

**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 Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Hume, President 1/21/04

954-755-9889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #