## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P95000073715 **DOCUMENT #**

1. Entity Name

1. Entity Name TITLE GUARANTY & ESCROW, INC.									02-13-200	)3 9023	i6 UZ2	2 ***150.	00	
Principal Place of Business 2131 HOLLYWOOD BLVD 367- 50 7 HOLLYWOOD FL 33020 US 2. Principal Place of Business			Mailing Address 2131 HOLLYWOOD BLVD 307 HOLLYWOOD FL 33020 US  3. Mailing Address											
2. Principal Pla	ace of Busin	ess 												
Suite, Apt. #	, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES  Applied For					olied For	
City & State			City & State				4	4. FEI Number 65-0611623			Not	Applicable		
Zip	Country			Zip Coun			5. Certificate of Status Desired			_	Fee Required			
6. Name and Address of Current			Registered Agent			7.			. Name and Address of New Registered Agen				nt	
<del></del>	U. Ivaine	uno Alban des de d				Name								
CARLTON,						Street Address (P.O. Box Number is Not Acceptable)								
2131 HOLI	Lywood i	BLVD									_			
<del>307</del> 50	7											1 0 +		
HOLLYWO						City	• =							
8. The above the obligati	named enti	ty submits this statement for tered agent.	or the purp	oose of changing its	register	red office or	registered	agent,	or both, in the State of	Florida.	i am ia	militai witti, a	and accept	
SIGNATURE.	Signature, type	d or printed name of registered agent	and title if app	plicable. (NOT	E: Register	ed Agent signatur	re required who	en reinstat	ing)		ATE			
After	ILE NOW!	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o					<u>-</u> -		<ol> <li>Election Campaign Trust Fund Contribution</li> </ol>		g 🗆		May Be to Fees	
		OFFICERS AND		700	11	<del></del>		ADDIT	IONS/CHANGES TO	OFFICERS	SAND	DIRECTORS	3 IN 11	
10.		OFFICERS AIVE	DINECTO	Delete	TIT	$\overline{}$						Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	2131 HO	n, Bonnie Guess Llywood Blvd. #307 Ood Fl 33020	NA St			ME REET ADDRESS 'Y-ST-ZIP	2131	ARLTON, BONNIE J. 131 Hollywood Blvd. No. 507						
<u> </u>	P	00011 00020		☐ Delete		TLE	_	,	d, FL 33020			Change	Addition	
TITLE   NAME		N, BONNIË J		الماداد كي	NA.	ME			N, BONNIE J.		E 0.7		1	
STREET ADDRESS	2131 HO	LLYWOOD BLVD #307				REET ADDRESS Ty-st-zip ".			lywood Blvd. d, FL 33020.		507			
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STREET ADDRESS	i I				1 5	HIELT ADDRESS	1							

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 dustee 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. BONNIE J. CARLTON

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 13, 2003 8:00 am Secretary of State