

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90138 033 ***550.00

DOCUMENT # P96000056807

1. Entity Name

ENTERPRISE TITLE OF CENTRAL FLORIDA, INC.



Principal Place of Business
**668 N. ORLANDO AVENUE
SUITE 1007
MAITLAND FL 32751**

Mailing Address
**668 N. ORLANDO AVENUE
SUITE 1007
MAITLAND FL 32751**

2. Principal Place of Business
2995 STONEWALL PLACE

3. Mailing Address
2995 STONEWALL PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANFORD, FL

City & State
SANFORD, FL

Zip
32773

Country
USA

Zip
32773

Country
USA

4. FEI Number **59-3391771**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TREADWAY, LAURA L
668 N. ORLANDO AVENUE
SUITE 1007
MAITLAND FL 32751**

Name
TREADWAY, LAURA L

Street Address (P.O. Box Number is Not Acceptable)
2995 STONEWALL PLACE

City
SANFORD

FL

Zip Code
32773

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 *Laura L Treadway* 7/16/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	D TREADWAY, LAURA L 668 N. ORLANDO AVENUE, SUITE 1007 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREADWAY, LAURA L 2995 STONEWALL PLACE SANFORD, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: *Laura L Treadway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/03

407-936-9363

Date

Daytime Phone #

CR2E034 (4/03)