UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000036O6

1. Entity Name
Trinity Title & Escrow Co., Inc.

Principal Place of Business
5712 Hollywood Blvd.
Hollywood, FL 33028

Mailing Address Same

2. Principal Place of Business 5712
Hollywood, Florida

3. Mailing Address
5712 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip 33021	Country County Broward	Zip 33021	Country USA

4. FEI Number 65-0726769 | Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
DARRAM HARRISON
3601 Inverrary Blvd. W,
Lauderhill, FL 33319

7. Name and Address of New Registered Agent

Name

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

City   FL   Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 11/2/00

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, 2000 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	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
President		
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME DARRAM HARRISON		NAME
STREET ADDRESS 3601 Inverrary Blvd. West.		STREET ADDRESS 200003491442---2
CITY-ST-ZIP Lauderhill FL 33319		CITY-ST-ZIP -12/08/00--01017--014
		****550.00 ****550.00
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 11/2/00   Daytime Phone #

CR2E034 (9/99)