

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015421

1. Entity Name

ESCROW SERVICES INTERNATIONAL, INC.

FILED

May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90177 039 \*\*\*150.00

Principal Place of Business

1101 N LAKE3 DESTINY RD  
STE 375  
MAITLAND FL 32751

Mailing Address

1101 N LAKE3 DESTINY RD  
STE 375  
MAITLAND FL 32751

2. Principal Place of Business

1608 E Gore St  
Suite, Apt. #, etc.  
Orlando FL  
City & State

3. Mailing Address

1608 E. Gore St  
Suite, Apt. #, etc.  
Orlando FL  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3431375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSS, JOHN E  
1101 N LAKE3 DESTINY RD  
STE 375  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name  
John E Ross  
Street Address (P.O. Box Number is Not Acceptable)  
1608 E Gore St  
Orlando FL  
City  
FL  
Zip Code  
32806

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

*John E Ross*

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00  
DATE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PARKER, CHRISTINE R  
701 RIVERBEND BLVD.  
LONGWOOD FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ROSS, JOHN E  
1608 E. GORE STREET  
ORLANDO FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*John E Ross, Dir*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00  
Date

407 856 1025  
Daytime Phone #

CR2E034 (9/99)