

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90110 043 ***150.00

DOCUMENT # P98000004627

1. Entity Name

ISLAND TITLE & ESCROW CORP.

Principal Place of Business	Mailing Address
2430 NORTH SYKES CREEK DRIVE MERRITT ISLAND FL 32953	2430 NORTH SYKES CREEK DRIVE MERRITT ISLAND FL 32953-2908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
2425 N. COURTENAY PKWY Suite, Apt. #, etc. #107 City & State MERRITT ISLAND, FL Zip 32953 Country BREVARD		2425 N. COURTENAY PKWY Suite, Apt. #, etc. #107 City & State MERRITT ISLAND, FL Zip 32953 Country BREVARD				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKEY & FOWLER, P.A.
410 WEST MERRITT AVENUE
MERRITT ISLAND FL 32953

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

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 State10. 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			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	MAHNKE, PAUL H			NAME			
STREET ADDRESS	2430 NORTH SYKES CREEK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	MAHNKE, ELAINE E			NAME			
STREET ADDRESS	2430 NORTH SYKES CREEK DRIVE			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL 32953			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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
MAHNKE

1/24/00

321 453 609