

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90048 037 ***150.00

DOCUMENT # P98000024435

1. Entity Name
MAIN STREET TITLE AND ESCROW, INC.



Principal Place of Business

3300 N. UNIVERSITY DR.
SUITE 712
CORAL SPRINGS, FL 33065

Mailing Address

3300 N. UNIVERSITY DR.
SUITE 712
CORAL SPRINGS, FL 33065

2. Principal Place of Business - No P.O. Box #

3300 University Drive

Suite, Apt. #, etc.

712

City & State

Coral Springs, FL

Zip

33065

Country

3. Mailing Address

3300 University Drive

Suite, Apt. #, etc.

712

City & State

Coral Springs, FL

Zip

33065

Country

02142008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0823612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SICKLES, BARRY M ESQ
3300 UNIVERSITY DRIVE #210
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name

Sickles, Barry M ESQ

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

3300 University Drive Suite 712

City

Coral Springs

FL

Zip Code
33065

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SICKLES, BARRY M	
STREET ADDRESS	3300 UNIVERSITY DR.	
CITY-ST-ZIP	CORAL SPGS, FL 33065	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sickles, Barry M	
STREET ADDRESS	3300 University Drive Suite 712	
CITY-ST-ZIP	Coral Springs, FL 33065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

917 257 9571