

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90142 048 ***150.00

0348369 AV

DOCUMENT # P99000022263

1. Entity Name

TITLE MANAGEMENT SERVICES, INC.



Principal Place of Business
**412 SOUTHEAST 23RD STREET
FT. LAUDERDALE FL 33316**

Mailing Address
**412 SOUTHEAST 23RD STREET
FT. LAUDERDALE FL 33316**

11030102



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
**701 W. CYPRESS CREEK RD.
SUITE 303
FORT LAUDERDALE, FL 33309**

City & State
**701 W. CYPRESS CREEK RD.
SUITE 303
FORT LAUDERDALE, FL 33309**

Zip Country

Zip Country

4. FEI Number **65-0910159**

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

**AMSTER, GOMEZ & GOTTFRIED, P.A.
412 SOUTHEAST 23RD STREET
FT. LAUDERDALE FL 33316**

Name **Amster, Gottfried, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
**701 W. CYPRESS CREEK RD.
SUITE 303
FORT LAUDERDALE, FL 33309**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul D. Gottfried**
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **D** ☐ Delete
NAME **GOTTFRIED, PAUL D**
STREET ADDRESS **412 SOUTHEAST 23RD STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **D** ☒ Change ☐ Addition
NAME **Gottfried, Paul D**
STREET ADDRESS **701 W. CYPRESS CREEK RD.
SUITE 303
FORT LAUDERDALE, FL 33309**

TITLE **D** ☐ Delete
NAME **AMSTER, STEVEN R**
STREET ADDRESS **412 SOUTHEAST 23RD STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

TITLE **D** ☒ Change ☐ Addition
NAME **Amster, Steven R**
STREET ADDRESS **701 W. CYPRESS CREEK RD.
SUITE 303
FORT LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 all other like empowered.

SIGNATURE: **STEVEN R. AMSTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

Date

954-467-7840

Daytime Phone #

CR2E034 (10/02)