

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90122 002 ***150.00

0125512 AV

DOCUMENT # P99000053228

1. Entity Name

EXPRESS TITLE & SETTLEMENT GROUP, CHARTERED

Principal Place of Business

**1401 UNIVERSITY DR.
 STE 600
 CORAL SPRINGS FL 33071**

Mailing Address

**1401 UNIVERSITY DR.
 STE 600
 CORAL SPRINGS FL 33071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1515 N University Dr
 Suite, Apt. #, etc.
 111**

3. Mailing Address

**1515 N University Dr
 Suite, Apt. #, etc.
 111**

City & State

Coral Springs Fl

City & State

Coral Springs, Fl

4. FEI Number

65-0925589

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33071

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUCERO, TIMOTHY D ESQ
 1401 UNIVERSITY DR.
 STE 600
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **Lucero, Timothy D Esq**
 Street Address (P.O. Box Number is Not Acceptable)
1515 N University Dr Ste 111
 City **Coral Springs** **FL** Zip Code **33071**

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, 2002 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 **P** ☒ Delete
 NAME **LUCERO, TIMOTHY D**
 STREET ADDRESS **1401 UNIVERSITY DR. -STE 600**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **Lucero, Timothy D Esq**
 STREET ADDRESS **1515 N University Dr Ste 111**
 CITY-ST-ZIP **Coral Springs, Fl. 33071**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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:

Timothy D. Lucero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(754) 755-7035
 Daytime Phone #

CR2E034 (9/01)