

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90143 029 ***150.00

0066383 AV

DOCUMENT # P99000059621

1. Entity Name

MASTERS TITLE AND ESCROW COMPANY



Principal Place of Business

~~235 MAITLAND AVENUE SOUTH~~

~~SUITE 210~~

~~MAITLAND FL 32751~~

Mailing Address

~~235 MAITLAND AVENUE SOUTH~~

~~SUITE 210~~

~~MAITLAND FL 32751~~

11000176



2. Principal Place of Business

1053 Maitland Center Commons Blvd.

3. Mailing Address

Commons Blvd.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Maitland FL

City & State

SAFTE

4. FEI Number

59-3590911

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

SAFTE

Country

SAFTE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, BERRY J JR

~~235 MAITLAND AVENUE SOUTH~~

~~SUITE 210~~

~~MAITLAND FL 32751~~

Name

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

1053 Maitland Center Commons Blvd.

Suite 200

City

Maitland

FL

Zip Code

32751

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, 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 ☐ Delete
NAME **D**
STREET ADDRESS **WALKER, BERRY J JR**
CITY-ST-ZIP **235 MAITLAND AVENUE SOUTH, SUITE 216**
MAITLAND FL 32751

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1053 Maitland Center Commons Blvd.**
CITY-ST-ZIP **Suite 200 Maitland FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 407-478-1866

Date Daytime Phone #

CR2E034 (10/02)