

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086486

1. Entity Name

COOPERATIVE TITLE AND ESCROW, INC.

Principal Place of Business

300 N.W. 82ND AVENUE #502
PLANTATION FL 33324

Mailing Address

300 N.W. 82ND AVENUE #502
PLANTATION FL 33324-1883

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90107 004 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0952785

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OUELLETTE, ADAM J
300 N.W. 82ND AVENUE #502
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

1/5/00

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OUELLETTE, ADAM J	
STREET ADDRESS	300 N.W. 82ND AVENUE #502	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	P.T.	<input type="checkbox"/> Delete
NAME	ROOGER L. SPINK	
STREET ADDRESS	300 NW 82 Ave Suite 502	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VP'S	<input type="checkbox"/> Delete
NAME	ADAM J. OUELLETTE	
STREET ADDRESS	300 NW 82 Ave Suite 502	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

ADAM J. OUELLETTE VP 1/5/00