

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086486

1. Entity Name

COOPERATIVE TITLE AND ESCROW, INC.

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90472 047 \*\*\*150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

5655 S. University DR

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33328

Country

USA

Zip

33328

Country

USA

4. FEI Number

65-0952785

Applied For

Not Applicable

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

Ouellette, ADAM J

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

5655 S. University DR

City

DAVIE

FL

Zip Code

33328

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, 2001 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 PT  
NAME SPINK, RODGER L  
STREET ADDRESS 300 N.W. 82ND AVENUE #502  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE VPS  
NAME OULETTE,  
STREET ADDRESS 300 NW 82 AVE SUITE 502  
CITY-ST-ZIP FORT LAUDERDALE FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME RODGER L. SPINK  
STREET ADDRESS 5655 S. University DR  
CITY-ST-ZIP DAVIE FL 33328 ☒ Change ☐ Addition

TITLE VPS  
NAME ADAM J. Ouellette  
STREET ADDRESS 5655 S UNIVERSITY DR  
CITY-ST-ZIP DAVIE FL 33328 ☒ Change ☐ Addition

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

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

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

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

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 and other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)