

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90092 017 \*\*\*150.00

**DOCUMENT # S62382**  
 1. Entity Name  
**SAWGRASS TITLE & ESCROW, INC.**

Principal Place of Business 8551 W. SUNRISE BLVD. SUITE 100A FORT LAUDERDALE FL 33322	Mailing Address 8551 W. SUNRISE BLVD. SUITE 100A FORT LAUDERDALE FL 33322-4007
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8551 W. Sunrise Blvd. Suite, Apt. #, etc. Suite 208 City & State Ft. Lauderdale, FL Zip 33322 Country USA	3. Mailing Address 8551 W. Sunrise Blvd. Suite, Apt. #, etc. Suite 208 City & State Ft. Lauderdale, FL Zip 33322 Country USA
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4. FEI Number **62-0274642** | Applied For  Not Applied For   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BLOOMGARDEN, PAUL M.**  
**8551 WEST SUNRISE BLVD.**  
**SUITE 100A**  
**FORT LAUDERDALE FL 33322**

7. Name and Address of New Registered Agent  
 Name **Bloomgarden, Paul M.**  
 Street Address (P.O. Box Number is Not Acceptable) **8551 W. Sunrise Blvd.**  
 Suite 208  
 City **Ft. Lauderdale** | State **FL** | Zip Code **33322**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOOMGARDEN, PAUL M 8551 W. SUNRISE-#100A FT LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLOOMGARDEN, PAUL M. 9551 W. Sunrise Blvd., #208 Ft. Lauderdale, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

**SIGNATURE:** PAUL M. BLOOMGARDEN 1/21/00 954-370-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #