2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am Secretary of State DOCUMENT # **S62382** 1. Entity Name SAWGRASS TITLE & ESCROW, INC. 03-06-2001 90318 005 ***150.00 Principal Place of Business Mailing Address 8551 W. SUNRISE BLVD. 8551 W. SUNRISE BLVD. Suite 208 SUITE 208 FORT LAUDERDALE FL 33322 FORT LAUDERDALE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 62-0274642 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLOOMGARDEN, PAUL M. Street Address (P.O. Box Number is Not Acceptable) 8551 WEST SUNRISE BLVD. SUITE 208 FORT LAUDERDALE FL 33322 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE BLOOMGARDEN, PAUL M NAME NAME STREET ADDRESS STREET ADDRESS 9551 W SUNRISE BLVD # 208 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33322 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

changed, or on an attachment with

SIGNATURE:

FILED