

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90141 009 \*\*\*150.00

**DOCUMENT # V31637**

1. Entity Name  
**CLOSING SUPPORT SERVICES, INC.**

Principal Place of Business

1200 S. PINE ISLAND RD.  
 SUITE 220  
 PLANTATION FL 33324-4402  
 US

Mailing Address

2170 W SR 434  
 STE 302  
 LONGWOOD FL 32779  
 US

2. Principal Place of Business

11870 W. S. R. 84

Suite, Apt. #, etc.

Suite C-12

City & State

Dawie, FL

Zip

33325

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0333846**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FURMAN, HOWARD MARK  
 CORNERSTONE ONE SUITE 220  
 1200 S PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name **Howard Mark Furman**

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

11870 W. S. R. 84

Suite C-12

City **Dawie**

FL

Zip Code

33325

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

4/27/01

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 **D** ☐ Delete  
 NAME **FURMAN, HOWARD MARK**  
 STREET ADDRESS **1200 S PINE ISLAND RD SUITE 220**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE **VD** ☐ Delete  
 NAME **SMITH, KATHRYN L.**  
 STREET ADDRESS **1424 NW 97TH AVENUE**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **STD** ☐ Delete  
 NAME **FURMAN, SUSAN T.**  
 STREET ADDRESS **1200 S PINE ISLAND RD SUITE 220**  
 CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☒ Change ☐ Addition  
 NAME **Furman, Howard Mark**  
 STREET ADDRESS **11870 W. S. R. 84, Ste C-12**  
 CITY-ST-ZIP **Dawie, FL 33325**

TITLE **Senior Vice President & Director** ☒ Change ☐ Addition  
 NAME **Smith, Kathryn L.**  
 STREET ADDRESS **2170 W. S. R. 434, Ste 302**  
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **President & Director** ☒ Change ☐ Addition  
 NAME **Furman, Susan T.**  
 STREET ADDRESS **11870 W. S. R. 84, Ste C-12**  
 CITY-ST-ZIP **Dawie, FL 33325**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Lockrem, Alice**  
 STREET ADDRESS **2170 W. S. R. 434, Ste 302**  
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **Secretary-Treasurer & Director** ☐ Change ☒ Addition  
 NAME **Furman, Jason**  
 STREET ADDRESS **1385 Crystal Way**  
 CITY-ST-ZIP **Delray Beach, FL 33444**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Brauser, Michael**  
 STREET ADDRESS **3164 NE 31 Avenue**  
 CITY-ST-ZIP **Lighthouse Point, FL 33064**

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

**Kathryn L. Smith** 4/19/01 407-988-2920

Date

Daytime Phone #

CR2E034 (10/00)