

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053427

Entity Name: ESQUIRE TITLE SERVICES, INC.**Current Principal Place of Business:**1019 TOWN CENTER DR
STE 100
ORANGE CITY, FL 32763**Current Mailing Address:**1019 TOWN CENTER DR
STE 100
ORANGE CITY, FL 32763 US**FEI Number:** 59-3388264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOOKER, KIM C
1019 TOWN CENTER
STE 100
ORANGE CITY, FL 32763 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	WANAMAKER, JOHN
Address	1019 TOWN CENTER DR, STE 100
City-State-Zip:	ORANGE CITY FL 32763

Title	VP
Name	MARSHALL, RANDALL J
Address	1019 TOWN CENTER DR, STE 100
City-State-Zip:	ORANGE CITY FL 32763

Title	TREASURER
Name	HAUN, MICHAEL D
Address	1019 TOWN CENTER DR, STE 100
City-State-Zip:	ORANGE CITY FL 32763

Title	P
Name	BOOKER, KIM C
Address	1019 TOWN CENTER DR, STE 100
City-State-Zip:	ORANGE CITY FL 32763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM CAREY BOOKER

PRESIDENT

03/15/2021

Electronic Signature of Signing Officer/Director Detail_____
Date