

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014580 AT

DOCUMENT # A00000000476

1. Entity Name  
REALTY TITLE SERVICES OF FORT MYERS, LTD.

FILED

02 MAY -1 AM 10: 54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
12620 WORLD PLAZA LANE, SUITE 3  
FT. MYERS FL 33907

Mailing Address  
12620 WORLD PLAZA LANE, SUITE 3  
FT. MYERS FL 33907



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

DUE BY MAY 1, 2002  
65-1002709  
APPLIED FOR

4. FEI Number

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DELLUTRI, WILHELMINA  
12620 WORLD PLAZA LANE  
BLDG 60., STE. #3  
FT. MYERS FL 33907

## 7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

9. Capital Contributions as Shown on record. \$50,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

## 12. GENERAL PARTNER INFORMATION

DOCUMENT # P99000045140  
NAME FLORIDA TITLE AFFILIATES, INC.  
STREET ADDRESS 12620 WORLD PLAZA LANE, SUITE 3  
CITY-ST-ZIP FT. MYERS FL 33907

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/11/02 941-217-5677  
Date Daytime Phone #

CR2E003 (9/01)