

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015092 AT

DOCUMENT # A00000000730

1. Entity Name
REALTY TITLE SERVICES OF SANIBEL, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -5 PM 12:11

W2/7

Principal Place of Business
2340 PERIWINKLE WAY, SUITE 1-2
SANIBEL FL 33957

Mailing Address
2340 PERIWINKLE WAY, SUITE 1-2
SANIBEL FL 33957



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-1002705

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELLUTRI, WILHELMINA
12620 WORLD PLAZA LANE, SUITE 3
FORT MYERS FL 33907

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000013265
NAME PINNACLE TITLE COMPANY
STREET ADDRESS 12620 WORLD PLAZA LANE, SUITE 3
CITY-ST-ZIP FORT MYERS FL 33907

STREET ADDRESS

CITY-ST-ZIP

900011797059
02/05/03--01007--012 **438.75

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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

1/29/03 239-277-5677

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE