2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # A00000000652

1. Entity Name
EXECUTITLE TAMPA BAY, LTD.

Principal Place of Business	Mailing Address
995 S.R. 434 NORTH, SUITE 514	995 S.R. 434 NORTH, SUITE 514
ALTAMONTE SPRINGS FL 32714	ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	3. Mailing Address
1101 N. PALAFOX STREET	1101 N. PALAFOX STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA FL
Zip: 32501 Country:	Zip: 32501 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENSON FRANK E
995 S.R. 434 NORTH, SUITE 514
ALTAMONTE SPRINGS FL
32714

7. Name and Address of New Registered Agent

Name: STEVENSON FRANK EIII
Street Address (P.O. Box Number is Not Acceptable): 1101 N. PALAFOX STREET
City: PENSACOLA **FL** Zip Code: 32501

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 FRANK E. STEVENSON, III 04/20/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 8,500.00

10. Amount of Capital Contributions in FLORIDA to date. 8,500.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	1101 N. PALAFOX STREET
NAME	SOUTHEAST TITLE GROUP, LLP		
STREET ADDRESS	995 S.R. 434 NORTH, SUITE 514	CITY-ST-ZIP	PENSACOLA FL 32501
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		
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CR2E003 (11/00)

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: FRANK E. STEVENSON, III 04/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #