

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000000653**1. Entity Name  
**EXECUTITLE FT. MYERS, LTD.**

Principal Place of Business 995 S.R. 434 NORTH, SUITE 514  ALTAMONTE SPRINGS FL 32714	Mailing Address 995 S.R. 434 NORTH, SUITE 514  ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business 1101 N. PALAFOX STREET Suite, Apt. #, etc.	3. Mailing Address 1101 N. PALAFOX STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PENSACOLA FL	City & State PENSACOLA FL	4. FEI Number <b>59-3619404</b>	Applied For Not Applicable
Zip 32501	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 E III Street Address (P.O. Box Number is Not Acceptable) 1101 N. PALAFOX STREET  City PENSACOLA FL Zip Code 32501
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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. 5,100.00	10. Amount of Capital Contributions in FLORIDA to date. 5,100.00	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 1101 N. PALAFOX STREET CITY-ST-ZIP PENSACOLA FL 32501
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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**04/20/2001**  
DateDaytime Phone #

CR2E003 (11/00)