

2001 UNIFORM BUSINESS REGISTER (UBR)

DOCUMENT # **A00000000713**

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF THE SPACE COAST

Principal Place of Business

Mailing Address

~~10 SOUTH HARBOR CITY BOULEVARD
MELBOURNE FL 32901~~

C/O SECURITY FIRST TITLE AFFILIATES, INC.
1715 NORTH WESTSHORE BOULEVARD, SUITE 990
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

277 Crockett Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Merritt Island, FL.

Zip

Country

Zip

Country

32953

4. FEI Number

59-3628064

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

**SECURITY FIRST TITLE AFFILIATES, INC.
1715 NORTH WESTSHORE BOULEVARD, SUITE 990
TAMPA FL 33607**

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

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.

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000040857**
NAME **SECURITY FIRST TITLE AFFILIATES, INC.**
STREET ADDRESS **1715 NORTH WESTSHORE BLVD., SUITE 990**
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

400004033794--7

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED
01 APR 11 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E003 (11/00)