2002 UNIFORM BUSINESS REPORT (UBR)

0014808 AT

DOCUMENT # A00000000730

1. Entity Name

REALTY TITLE SERVICES OF SANIBEL, LTD.

FILED
02 MAY -1 AM 10:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
~~2402 PALM RIDGE ROAD, UNIT #4~~ SANIBEL FL 33957	~~2402 PALM RIDGE ROAD, UNIT #4~~ SANIBEL FL 33957

2. Principal Place of Business	3. Mailing Address
2340 Periwinkle Way	2340 Periwinkle Way
Suite, Apt. #, etc. Suite I-2	Suite, Apt. #, etc. Suite I-2
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number 65-1002708 APPLIED FOR | 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.

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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000045140 FLORIDA TITLE AFFILIATES, INC. 12620 WORLD PLAZA LANE, SUITE 3 FORT MYERS FL 33907	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	~~700005554047 6~~ --05/16/02--01041--019 ****438.75 ****438.75
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CR2E003 (9/01)

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 REQUIRED [signature] 3/11/02 941-277-5677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | Date | Daytime Phone #