

2001 UNIFORM BUSINESS REPORT (UBR)

9803200
SP

DOCUMENT # A00000001033

1. Entity Name

BRIDGE TITLE SERVICES, LTD.

FILED

01 APR 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

1101 N. PARK ST.
Suite, Apt. #, etc.

3. Mailing Address

1101 N. PARK ST.
Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3632175

Applied For

Not Applicable

Zip

Country

32501 USA

Zip

Country

32501 USA

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
FRANK E. STEVENSON
Street Address (P.O. Box Number is Not Acceptable)
1101 N. PARK ST.
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

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,500.00

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

DOCUMENT # GP0000000676
NAME SOUTHEAST TITLE GROUP, LLP
STREET ADDRESS 995 S.R. 434 NORTH, SUITE 514
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)