

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014067 AT

DOCUMENT # **A00000001323**

1. Entity Name

**EAGLE TITLE OF NEW SMYRNA BEACH, LLLP**

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~1042 COLONIAL BLVD. K23+~~  
~~FORT MYERS FL 33761~~

Mailing Address

~~26750 U.S. HIGHWAY 19, SUITE 550~~  
~~CLEARWATER FL 33761~~

2. Principal Place of Business

**5020 CENTRAL AVE**

3. Mailing Address

**5020 CENTRAL AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State  
**ST. PETE, FL**

City & State  
**ST. PETE, FL**

4. FEI Number

**65-1034980**

Applied For

Not Applicable

Zip  
**33707**

Country  
**USA**

Zip  
**33707**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~BRITTS, JARRELL~~

~~26750 U.S. HIGHWAY 19, SUITE 550~~  
~~CLEARWATER FL 33761~~

7. Name and Address of New Registered Agent

Name  
**JARRELL BRITTS**

Street Address (P.O. Box Number is Not Acceptable)  
**5020 CENTRAL AVE.**

City  
**ST. PETE**

FL

Zip Code  
**33707**

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.

DATE

9. Capital Contributions  
as Shown on record

**\$2,000.00**

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

DOCUMENT # **P93000080314**  
NAME **EAGLE TITLE & ABSTRACT CORP.**  
STREET ADDRESS **26750 U.S. HIGHWAY 19, SUITE 550**  
CITY-ST-ZIP **CLEARWATER FL 33761**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5020 CENTRAL AVE**  
CITY-ST-ZIP **ST. PETE, FL 33707**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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DOCUMENT #  
NAME  
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 (9/01)