

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # A00000001904**1. Entity Name
SOUTHWEST TITLE SERVICES, LLP

Principal Place of Business

2047 OSPREY LANE, STE A-1

LUTZ FL LUTZ FL
33549 33549

Mailing Address

2047 OSPREY LANE, STE A-1

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3685444Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITWORTH GRANT
6703 N. HIMES AVE.TAMPA FL
33614 US

7. Name and Address of New Registered Agent

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 **04/25/2001**

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. **5,000.00**10. Amount of Capital Contributions
in FLORIDA to date. **5,000.00****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 #
NAME AMERICAN HOME TITLE OF LAND O
STREET ADDRESS 2047 OSPREY LANE, STE A
CITY-ST-ZIP LUTZ FLDOCUMENT #
NAME
STREET ADDRESS
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 2047 OSPREY LANE, STE A
CITY-ST-ZIP LUTZ FL 33549STREET ADDRESS
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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: **SHERRI L. SIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/25/2001

Date

Daytime Phone #

CR2E003 (11/00)