| 2002 UNIFORM BUSINESS REPORT (UI |
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|--|---------------|----------------|---------------------------|------------------------|---|---------------------|--|-------------------|--|--|----------------------------------|--|----------------|
| DOCUMENT # A0000001904 1. Entity Name | | | | | | | | | FILED | | | | |
| SOUTHWEST TITLE SERVICES, LLP | | | | | | | | | 02 MAR 18 PM 3: 29 | | | | |
| | | | | | | | | | | | | | |
| Principal Place of Business Mailing Address 2047 OSPREY LANE, STE A-1 LUTZ FL 33549 Mailing Address 2047 OSPREY LANE, STE A-1 LUTZ FL 33549 | | | | | | | | | TĂŨ | SECRETARY OF STATE TALLAHASSEE. FLORIDA | | | |
| | | | | | | | | | | | | | |
| Principal Place of Business A. Mailing Address | | | | | | | | | | 1841 88614 88111 68 141 98 4 | 46 60 90 | 181 1818 1811 1814 1818 1 <mark>88</mark> 1 | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | | | DUE BY N | 1AY 1, 200 | 2 | |
| City & Stat | | Ci | ity & State | | | | 4. FEI Number | 59-3685444 | | Applied For Not Applicabl | le l | | |
| Zip Country | | | | | р | Cour | ntry | | 5. Certificate o | f Status Desired | | 8.75 Additional ee Required | ٦ |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and Address of New Registered Agent Name | | | | | |] |
| WHITWO | RTH, GRAN | т | | | | | | | | | | | _ |
| 6703 N. HIMES AVE. | | | | | | | St | treet Address (I | P.O. Box Number | is Not Acceptable |) | | |
| TAMPA FL 33614 | | | | | | | | | | | | | |
| | | | | | | | Ci | ity | FL Zip Code | | | | |
| 8. The above | named entit | y submit | s this statement fo | r the pu | rpose of changing its | register | ed of | ffice or register | ed agent, or both | , in the State of Flor | rida. | | 7 |
| CICALATURE | | | | | | | | | | | | | |
| | | or printed n | ame of registered agent a | and title if a | | | | | | | DATE | | _ |
| Capital Co as Shown | | | \$5,000.00 | | 10. Amount of Capit in FLORIDA to d | tal Contri late. | ibutio | ns 500 |) <u> </u> | | | TO DEPT. OF STATE FEE INFORMATION | |
| | A (| Gener | AL PARTNER T | THAT IS | S A BUSINESS EN be changed on t | NTITY M | NUST | T BE REGIST | ERED AND A | TIVE WITH THE | S OFFICE. | , | 7 |
| 12. | 11012 | | NERAL PARTNER | | | 13. | | amendmen | | ADDRESS CHA | | | Ⅎ |
| DOCUMENT # NAME | P9800009 | E TITLE OF LAN | וים חוע | AKES INC | STRE | EET AD! | DRESS | | | | | 9/01 | |
| STREET ADDRESS CITY-ST-ZIP | | PREY LA | NE, STE A | | | | r-ST-Z | IIP | | | | | CR2E003 (9/01) |
| DOCUMENT # | COIZIC | 00010 | | | | 100 | | | 5 0 |)0005 | | | ┦8. |
| NAME | | | | | | STRE | eet adi | DRESS | | -03/25/ | /U2U1 1-25 | 037001 ****141-25- | _ |
| STREET ADDRESS CITY-ST-ZIP | | | | | |) CITY | r-st-zi | TIP . | | 44444 | 11.60 | | |
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| STREET AUTRESS CITY-ST-ZIP | | | | | | CITY | '-ST-ZI | IP | | | | , | |
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| STREET ADDRESS CITY-ST-ZIP | | | | | | CITY | '-ST-ZI | iP | - | | | | |
| indicated | on this repor | rt is true a | and accurate and | that my s report | g does not qualify for signature shall have as required by Chap | the same | e lega | al effect as if m | otion 119.07(3)(i), ade under oath; t | Florida Statutes. I hat I am a General | further certify Partner of th | that the information the limited partnership of | ıc |
| SIGNAT | URE | SIGN | ATURE AND TYPED OR | neri La PRINTEDI | Can Home Kos Inc NAME OF SIGNING GENER | AL PARTNE | il le | of Lar | | 3/11/02 Date | Dayt | 8 68 | |