

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002044

1. Entity Name

ALLIANCE TITLE SERVICES II, LTD.

Principal Place of Business

2699 LEE RD., SUITE 120
WINTER PARK, FL. 32789

Mailing Address

2699 LEE RD., SUITE 120
WINTER PARK, FL. 32789

2. Principal Place of Business

2699 LEE RD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3688488

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

01 MAR 27 AM 7:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

J. TODD SOUTH
2699 LEE RD., SUITE 120
WINTER PARK, FLORIDA 32789

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

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. \$10,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$6,000.00

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 # P95000027798
NAME MILLER, SOUTH & DIMASI, INC.
STREET ADDRESS 2699 LEE RD., SUITE 120
CITY-ST-ZIP WINTER PARK, FL. 32789

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 700003961417--0
04/05/01--01054--021
****150.00 ****150.00

DOCUMENT #
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)