

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000135  
AV

**DOCUMENT #** A00000002044

**1. Entity Name**  
ALLIANCE TITLE SERVICES II, LTD.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 29



**Principal Place of Business**  
2699 LEE ROAD, SUITE 120  
WINTER PARK FL 32789

**Mailing Address**  
2699 LEE ROAD, SUITE 120  
WINTER PARK FL 32789

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**

**Zip** **Country**

**DUE BY MAY 1, 2002**

**4. FEI Number** 59-3688488 **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
SOUTH, J. TODD  
2699 LEE ROAD, SUITE 120  
WINTER PARK FL 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$10,000.00

**10. Amount of Capital Contributions in FLORIDA to date.** \$10,000.00

**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 ROAD, SUITE 120
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005193524--1
CITY-ST-ZIP	-04/05/02--01005--016
	****158.75 ****158.75
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 (9/01)

STAPLE CHECK HERE