

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000182

1. Entity Name
PARTNERS/CORNERSTONE TITLE, LTD.



FILED
03 MAR 20 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
1502 W FLETCHER AVE
SUITE 101
TAMPA FL 33612

Mailing Address
1502 W FLETCHER AVE
SUITE 101
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3704041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FARR, JAMES G
1502 W FLETCHER AVE
SUITE 101
TAMPA FL 33612

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000.

11. MAKE CHECK PAYABLE TO FL. 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 # P97000101846
NAME PARTNERS TITLE SERVICES CORPORATION
STREET ADDRESS 1502 W FLETCHER AVE SUITE 101
CITY-ST-ZIP TAMPA FL 33612

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: _____

James G. Farr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-14-03

Date

813-962-0548

Daytime Phone #

CR2E003 (10/02)