

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016143 AT

DOCUMENT # A01000000210

1. Entity Name

United Associates Real Estate Services, Ltd

Principal Place of Business

301 N. U.S. HIGHWAY 27, SUITE H  
CLERMONT FL 34711

Mailing Address

301 N. U.S. HIGHWAY 27, SUITE H  
CLERMONT FL 34711

FILED

02 MAY -3 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

221 N. US Hwy 27

3. Mailing Address

221 N. US Hwy 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite G

Suite G

City & State

City & State

CLERMONT, FL

CLERMONT, FL

Zip

Country

34711

Lake

34711

Country

Lake

4. FEI Number

59-3732470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

WEED, KATHRYN I

301 N. U.S. HIGHWAY 27, SUITE H

CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

221 N. US Hwy 27, Suite G

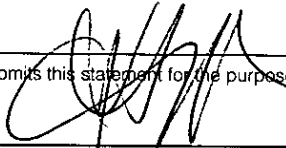
City

CLERMONT

FL

Zip Code  
34711

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  Kathryn I. Weed 4/25/02

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

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # P98000040546  
NAME WEED & ASSOCIATES TITLE SERVICES, INC.  
STREET ADDRESS 301 N. U.S. HIGHWAY 27, SUITE H  
CITY-ST-ZIP CLERMONT FL 34711

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 221 N. US Hwy 27, Suite G  
CITY-ST-ZIP CLERMONT, FL 34711

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

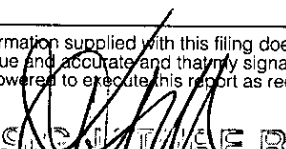
STREET ADDRESS  
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CITY-ST-ZIP

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CR2E003 (9/01)

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:  Kathryn I. Weed 4/25/02 (352) 241-8260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #