

2002 UNIFORM BUSINESS REPORT (UBR)

0016146 AT

DOCUMENT # A01000000211

1. Entity Name

UNITED ASSOCIATES MORTGAGE SERVICES, LTD.

FILED

02 MAY -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

221 N US Hwy 27

3. Mailing Address

221 N. US Hwy 27

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3692605

Applied For

Not Applicable

DUE BY MAY 1, 2002

Zip

34711

Country

Lake

Zip

34711

Country

Lake

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

0

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

13. ADDRESS CHANGES ONLY

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

DOCUMENT #
NAME
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CITY-ST-ZIP

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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 REQUIRED

Kathryn I. Weed

4/25/02

(352) 241-8260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)