

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013456 AT

DOCUMENT # A01000000732

1. Entity Name
PARTNERS/BSG TITLE, LTD.



FILED

2003 MAR 21 PM 12:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
1502 WEST FLETCHER AVENUE, SUITE 101
TAMPA FL 33612

Mailing Address
1502 WEST FLETCHER AVENUE, SUITE 101
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3722459

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARR, JAMES G
1502 WEST FLETCHER AVENUE, SUITE 101
TAMPA FL 33612

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	PARTNERS TITLE SERVICES CORPORATION 1502 WEST FLETCHER AVENUE, SUITE 101 TAMPA FL 33612	STREET ADDRESS	
NAME		CITY-ST-ZIP	500014450355
STREET ADDRESS			03/21/03--01060--004 **141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		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 REQUIRED 3-14-03 813-962-0548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)