2002 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT :	# A0100	0000739					
1. Entity Name AFFILIATED TITLE OF TAMPA BAY, LLLP							FILED	
Principal Place of Business Mailing Address							02 APR 25 PM 12: 33	
6213 MARBELLA BLVD. 6213 MARBELLA BLVD. APOLLO BEACH FL 33572 APOLLO BEACH FL 33572							SECRETARY OF STATE TALLAHASSEE, FLORIDA	
APULLU DEAUTI PL 333/2								
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					
City & State			City & State				4. FEI Number A A Polied For	
			Zip Country			59-3685545 Not Applicable		
	, ,		,	Cour	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	Registered Agent	= "	7. Name and a		7. Name and Address of New Registered Agent			
VANDERMAST, LEONARD III					Street Address (P.O. Box Number is Not Acceptable)			
6213 MARBELLA BLVD. APOLLO BEACH FL 33572								
		City			FL Zip Code			
8. The above	named entity:	submits this statement fo	or the purpose of changing	ng its register	ed office or r	egister	ed agent, or both, in the State of Florida.	
SIGNATURE .	Signatura himadiov	nvinted name of registered agent	and title if applicable				DATE	
9. Capital Contributions as Shown on record. \$15,000.00 10. Amount of Capital Contributions in FLORIDA to date.					butions		11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as shown	A GI	NERAL PARTNER	THAT IS A BUSINESS	S ENTITY N			SEE REVERSE SIDE FOR FEE INFORMATION ERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE:	GENERAL PARTNE		13.	ı; an amer	iamen	t must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P99000110 UNITED SE	103 TTLEMENT SERVICE	AFFILIATES, INC.		EET ADDRESS			
STREET ADDRESS City-St-Zip	DRESS 6213 MARBELLA BLVD.		·		'-ST-ZIP		4000054505447 -05/03/0201075010	
DOCUMENT #			,	STR	EET ADDRESS		****193.75 ****193.75	
NAME Street Address City-St-Zip				CITY	-ST-ZIP			
DOCUMENT#					EET ADDRESS	The state of the s		
name Stræt address				CITY	-ST-ZIP			
CITY-ST-ZIP DOCUMENT #								
NAME STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP				CITY	-ST-ZIP			
DOCUMENT / NAME				STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP			
DOCUMENT # NAME				STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP			
14. I hereby condicated the receiv	er or trustee e	Leava ()	n this filing does not quali I that my signature shall h is report as required by C	mapter 620,	LEON	d in Sec as if m	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or D VANDELMAST, FALTNER 2 9-02 127-723:2378	