

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013115 AT

DOCUMENT # A01000000739

1. Entity Name
AFFILIATED TITLE OF TAMPA BAY, LLLP



FILED
2003 APR -1 AM 10:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



| | |
|---|---|
| Principal Place of Business 6213 MARBELLA BLVD. APOLLO BEACH FL 33572 | Mailing Address 6213 MARBELLA BLVD. APOLLO BEACH FL 33572 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

DUE BY MAY 1, 2003

| | |
|---------------------------------|----------------|
| 4. FEI Number 59-3685545 | 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

**VANDERMAST, LEONARD III
6213 MARBELLA BLVD.
APOLLO BEACH FL 33572**

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

9. Capital Contributions as Shown on record. **\$15,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **15,000.00**

**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 # | P99000110103 |
| NAME | UNITED SETTLEMENT SERVICE AFFILIATES, INC. |
| STREET ADDRESS | 6213 MARBELLA BLVD. |
| CITY-ST-ZIP | APOLLO BEACH FL 33572 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--------------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 100015033161 |
| CITY-ST-ZIP | 04/01/03--01062--016 **193.75 |
| 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 *Leonard Vandermast III* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **LEONARD VANDERMAST III** **3/19/03** **727-723-2378**

Date Daytime Phone #

CR2E003 (10/02)