

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0007041  
AT

DOCUMENT # A01000001016

1. Entity Name

~~ACQUIRE LAND TITLE, LLP~~ STEWART ACQUIRE LAND TITLE, LLP

02 JUN 12 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

155 CRYSTAL BEACH DRIVE, SUITE 131  
DESTIN FL 32541

Mailing Address

PO BOX 5649  
DESTIN FL 32540



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

☒ 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

CASTLE, HARROLL  
155 CRYSTAL BEACH DRIVE, SUITE 131  
DESTIN FL 32541

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

90,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME GARRISON, DONNA  
STREET ADDRESS 340 JAMAICA WAY  
CITY-ST-ZIP NICEVILLE FL 32578

STREET ADDRESS

CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/02

Date

(850)651-2155

Daytime Phone #

CR2E003 (9/01)