

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001154

1. Entity Name
PREMIER TITLE AFFILIATES, LLLP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 21 PM 3:31

Principal Place of Business
3402 WEST CYPRESS STREET SUITE 400
TAMPA FL 33607

Mailing Address
3402 WEST CYPRESS STREET SUITE 400
TAMPA FL 33607



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 59-3738347

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

CROIZAT, PETER C
3402 WEST CYPRESS STREET SUITE 400
TAMPA FL 33607

Name

Harold Hickman

Street Address (P.O. Box Number is Not Acceptable)

3401 W. Cypress St., Suite 202

City
Tampa

FL

Zip Code
33607

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

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

Harold Hickman

2/4/03

DATE

9. Capital Contributions
as Shown on record. \$4,990.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P00000048461
NAME STEWART MANAGEMENT SERVICES, INC.
STREET ADDRESS 3402 WEST CYPRESS STREET SUITE 400
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas T. Perkins

1/29/03 813-414-0180

Date

Daytime Phone #

CR2E003 (10/02)