

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001162

1. Entity Name

EAGLE TITLE OF MAITLAND, LLLP

Principal Place of Business

~~26750 US HWY 19, STE 550~~
~~CLEARWATER FL 33761~~

Mailing Address

~~26750 US HWY 19, STE 550~~
~~CLEARWATER FL 33761~~

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

5020 CENTRAL AVE

3. Mailing Address

5020 CENTRAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

ST. PETERS, FL

City & State

ST. PETERS, FL

4. FEI Number

59-3738388

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

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

BRITTS, JARRELL

~~26750 US HWY 19, STE 550~~

~~CLEARWATER FL 33761~~

Name

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

5020 CENTRAL AVE

City ST. PETERS

FL

Zip Code 33707

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

Jarrell Britts JARRELL BRITTS

4/29/02

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

DATE

9. Capital Contributions as Shown on record.

\$2,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # P93000080314
NAME EAGLE TITLE & ABSTRACT CORPORATION
STREET ADDRESS ~~26750 US HWY 19, STE 550~~
CITY-ST-ZIP ~~CLEARWATER FL~~

STREET ADDRESS 5020 CENTRAL AVE
CITY-ST-ZIP ST. PETERS, FL 33707

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300005691753--4
-06/05/02--01014 023
****141.25 ****141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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:

Jarrell Britts JARRELL BRITTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

Date

7279970021000

Daytime Phone #

0014059 AT

CR2E003 (9/01)