

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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02 JUN 12 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A01000001201

1. Entity Name  
TITLE MART, LTD.

Principal Place of Business  
125 KLOSTERMAN ROAD  
TARPON SPRINGS FL 34689

Mailing Address  
125 KLOSTERMAN ROAD  
TARPON SPRINGS FL 34689

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3746550 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HEFLIN, CHARLES M III  
3770 EMBASSY CIRCLE  
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent  
Name Michael E. Hayes  
Street Address (P.O. Box Number is Not Acceptable) 125 W. Klosterman Rd.  
City Tarpon Springs FL Zip Code 34689

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 Michael E. Hayes DATE 6-7-02

9. Capital Contributions as Shown on record. \$7,500.00

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

DOCUMENT #	P96000081725
NAME	REMIT TITLE SERVICES, INC.
STREET ADDRESS	125 KLOSTERMAN ROAD
CITY-ST-ZIP	TARPON SPRINGS FL 34689
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	688885766596
CITY-ST-ZIP	-06/14/02--01013--002
STREET ADDRESS	****541.25 ****541.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	452.50-4p
CITY-ST-ZIP	88.75-Asm
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: Michael E. Hayes 6-7-02 (727) 945-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)