

2002 UNIFORM BUSINESS REPORT (UBR)

0014065 AT

DOCUMENT # A01000001312

1. Entity Name

EAGLE TITLE OF TITUSVILLE, LLP

FILED

02 MAY 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~26750 U.S. HIGHWAY 19, SUITE 550~~
~~CLEARWATER FL 33761~~

~~26750 U.S. HIGHWAY 19, SUITE 550~~
~~CLEARWATER FL 33761~~

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

☒ 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

BRITTS, JARRELL

~~26750 U.S. HIGHWAY 19, SUITE 550~~
~~CLEARWATER FL 33761~~

Name

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

5020 CENTRAL AVE

ST. PETERS, FL

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

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 U.S. HIGHWAY 19, SUITE 550
CITY-ST-ZIP CLEARWATER FL 33761

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

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption found 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

727 797 0024

CR2E003 (9/01)