

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001821

1. Entity Name
THE SECURITY FIRST TITLE PARTNERS OF CHARLOTTE,
LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 12 PH 1:52

3/17

Principal Place of Business
2811-B TAMiami TRAIL
PORT CHARLOTTE FL 33607

Mailing Address
7360 BRYAN DAIRY RD., STE. 200
LARGO FL 33777



2. Principal Place of Business
2811 Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.
Suite B

Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State

Zip Country
33952 USA

Zip Country

DUE BY MAY 1, 2003

4. FEI Number 65-0608133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE SECURITY FIRST TITLE AFFILIATES, INC.
7360 BRYAN DAIRY RD., STE. 200
LARGO FL 33777

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. \$40,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 35,000

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

DOCUMENT # P95000040857
NAME THE SECURITY FIRST TITLE AFFILIATES, INC.
STREET ADDRESS 1715 N. WESTSHORE BLVD., STE. 990
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

4000013925164

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STREET ADDRESS

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 680, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED of G.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/03 (727) 549-3300
Date Daytime Phone #

0014374 AT

CR2E003 (10/02)