

2002 UNIFORM BUSINESS REPORT (UBR)

0004563 AV

DOCUMENT # A96000002027

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF JACKSONVILLE, L
TD.

FILED

02 APR 18 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3030 HARTLEY ROAD, SUITE 100
JACKSONVILLE FL 32257

Mailing Address

1715 N. WESTSHORE BLVD., SUITE 990
TAMPA FL 33607

2. Principal Place of Business

13646 San Jose Blvd.

3. Mailing Address

7360 Bryan Dairy Rd.

Suite, Apt. #, etc.

Ste # 105

Suite, Apt. #, etc.

Ste # 200

City & State

Jacksonville, FL

City & State

Largo, FL

Zip

32213

Country

Duval

Zip

33777

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3396817

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE SECURITY FIRST TITLE AFFILIATES, INC.
1715 N. WESTSHORE BLVD.
SUITE #990
TAMPA FL 33607

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$42,000.00

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

DOCUMENT # P95000040857
NAME THE SECURITY FIRST TITLE AFFILIATES, INC.
STREET ADDRESS 1715 N. WESTSHORE BLVD., SUITE 150
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS

7360 Bryan Dairy Rd, Ste # 200

CITY-ST-ZIP

Largo, FL 33777

STREET ADDRESS

CITY-ST-ZIP

100005361551--3

-04/29/02--01007--028

****391.50 ****391.50

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)