

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014379 AT

DOCUMENT # A96000002027



1. Entity Name
SECURITY FIRST TITLE PARTNERS OF JACKSONVILLE, L
TD.

FILED

2003 APR 24 AM 10:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
3030 HARTLEY ROAD, SUITE 100
JACKSONVILLE FL 32257

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

2. Principal Place of Business
12646 San Jose Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Zip Country
32223 USA

Zip Country

DUE BY MAY 1, 2003

4. FEI Number 59-3396817

Applied For

Not Applicable

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

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

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. \$42,000.00

10. Amount of Capital Contributions in FLORIDA to date. 73,000

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 500016950925
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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 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED UP of G.P. 1/13/03 (727) 549-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)