

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 30 AM 9:17

mtu
1/14



1. Name of Limited Partnership

1a. DOCUMENT #
A97000000876

BAY AREA TITLE SERVICES, LTD.

Mailing Address

2471 MCMULLEN BOOTH ROAD, SUITE 5
CLEARWATER FL 34619

Principal Office Address

2471 MCMULLEN BOOTH ROAD, SUITE 5
CLEARWATER FL 34619

3. Date Formed or Registered

04/21/1997

3a. Date of Last Report

04/21/97

5a. Capital Contributions as
Shown on record.

\$1,000.00

5b. Amount of Capital
Contributions in FL ORIDA
to date.

\$1,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3439661

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SOUTH, J. TODD ESQ.
C/O MILLER, SOUTH & DI MASI, P.A.
2099 LEE ROAD, SUITE 120
WINTER PARK FL 32789

10. If changed, new Registered Agent/Office

Name

DAVID A. SHARP, ESQUIRE

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

24701 US Hwy 19 North Suite 4

Suite, Apt. #, etc.

Suite 4

City

Clearwater

FL

Zip Code

34619

10a. Pursuant to the provisions of sections 620.1031 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

12/29/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

UNIFIED ENTERPRISES, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

29247 U.S. HIGHWAY 19

11b. City, State & Zip Code

CLEARWATER FL 34621

11c. Registration/
Document Number

P93000013155

200002401702--0
-01/15/98--01065--014
165.00 *165.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 12/29/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2003 (6/97)