

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000876**

1. Entity Name

**BAY AREA TITLE SERVICES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 13 AM 11:43

Principal Place of Business

**2471 MCMULLEN BOOTH ROAD, SUITE 5  
CLEARWATER FL 34619**

Mailing Address

**2471 MCMULLEN BOOTH ROAD, SUITE 5  
CLEARWATER FL 33759-1348**



2. Principal Place of Business

**2560 ENTERPRISE RD. EAST**

Suite, Apt. #, etc.

3. Mailing Address

**2560 Enterprise Rd. East**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**CLEARWATER, FL**

City & State

**Clearwater, FL**

4. FEI Number

**59-3439661**

Applied For

Not Applicable

Zip

**33759**

Country

**PINELLAS**

Zip

**33759**

Country

**Pinellas**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHARP, DAVID A ESQ.**

**24701 US HWY 19 NORTH STE 4**

**CLEARWATER FL 34619**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

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 # **P93000013155**  
NAME **UNIFIED ENTERPRISES, INC.**  
STREET ADDRESS **29247 U.S. HIGHWAY 19 NORTH**  
CITY-ST-ZIP **CLEARWATER FL 34621**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**200003230112**  
**-04/28/00-01127-031**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/14/00** **727 787580**