

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010206 AF

DOCUMENT # **A97000000876**

1. Entity Name

**BAY AREA TITLE SERVICES, LTD.**

Principal Place of Business

**2560 ENTERPRISE RD. EAST  
CLEARWATER FL 33759**

Mailing Address

**2560 ENTERPRISE RD. EAST  
CLEARWATER FL 33759**

2. Principal Place of Business

3. Mailing Address

**29296 US 19N**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 104**

City & State

City & State

**Clearwater, FL**

Zip

Country

Zip

Country

**33761**

**FILED**  
**01 FEB 27 AM 9:43**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3439661**

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

**SHARP, DAVID A ESQ.  
24701 US HWY 19 NORTH STE 4  
CLEARWATER FL 34619**

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS **29296 US 19N #104**  
CITY-ST-ZIP **Clearwater, FL 33761**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**900003796609--1**  
**03/05/01-01004-004**  
**\*\*\*\*\*158.75 \*\*\*\*\*158.75**

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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 #

**2/21/01 727 787 5800**

CR2E003 (11/00)