

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001013

1. Entity Name

EQUITABLE TITLE SERVICES LTD., NO. 1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 25 AM 10:27



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business
7575 DR. PHILLIPS BLVD., SUITE 270
ORLANDO FL 32819

Mailing Address
7575 DR. PHILLIPS BLVD., SUITE 270
ORLANDO FL 32819-7260

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3347189

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EQUITABLE TITLE AGENCY, INC.
7575 DR. PHILLIPS BLVD., SUITE 270
ORLANDO FL 32819

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. \$22,800.00

10. Amount of Capital Contributions in FLORIDA to date. 24000

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 # P95000023616
NAME EQUITABLE TITLE AGENCY, INC.
STREET ADDRESS 7575 DR. PHILLIPS BLVD., SUITE 270
CITY - ST - ZIP ORLANDO FL 32819

STREET ADDRESS

CITY - ST - ZIP

500003243915--5
-05/09/00--01021--007
****256.75 ****256.75

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
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 Pres.

4/12/00

407 370-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)