

2001 UNIFORM BUSINESS REPORT (UBR)

000688 AF

DOCUMENT # **A98000000094**

1. Entity Name

SELECT TITLE INSURANCE AGENCY, LTD.

FILED

01 APR 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1502 W. FLETCHER AVENUE, SUITE 101
TAMPA FL 33612**

Mailing Address

**1502 W FLETCHER AVENUE, SUITE 101
TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3490903

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARR, JAMES G
1502 W FLETCHER AVENUE, SUITE 101
TAMPA FL 33612**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions
as Shown on record.

\$15,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,000.00

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 # **P97000101846**
NAME **PARTNERS TITLE SERVICES CORPORATION**
STREET ADDRESS **1502 W FLETCHER AVENUE, SUITE 101**
CITY-ST-ZIP **TAMPA FL 33612**

STREET ADDRESS **800004163568--3**
CITY-ST-ZIP **-05/08/01--01141--006**
*******141.25 *****141.25**

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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 of James G. Farr)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
JAMES G. FARR

4-18-01

Date

(813)962-0548

Daytime Phone #

CR2E003 (11/00)