

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000836**

1. Entity Name

**EQUITABLE TITLE SERVICES LTD., NO. 2**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33



Principal Place of Business 7575 DR. PHILLIP'S BLVD., SUITE 270 ORLANDO FL 32819	Mailing Address 7575 DR. PHILLIP'S BLVD., SUITE 270 ORLANDO FL 32819-7260
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-3543505</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**JOSEPH, F. LARRY**  
**8113 BREEZE COVE LANE**  
**ORLANDO FL 32819**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$24,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>12000</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000023616</b> <b>EQUITABLE TITLE AGENCY, INC.</b> <b>7575 DR. PHILLIP'S BLVD., SUITE 270</b> <b>ORLANDO FL 32819</b>	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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		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** **Pres.** **4/12/00** **407 370-6664**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E00 (1/99)