

2002 UNIFORM BUSINESS REPORT (UBR)

LF

08/0001
AV

DOCUMENT # A98000000836

1. Entity Name

EQUITABLE TITLE SERVICES LTD., NO. 2

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2002

City & State City & State 4. FEI Number Applied For
59-3543505 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

JOSEPH, F. LARRY
8113 BREEZE COVE LANE
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.

DATE

9. Capital Contributions \$24,000.00 10. Amount of Capital Contributions
as Shown on record. 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 #	P95000023616	STREET ADDRESS	100005450421--1 -05/03/02--01068--004 ****256.75 ****256.75
NAME	EQUITABLE TITLE AGENCY, INC.	CITY-ST-ZIP	
STREET ADDRESS	7575 DR. PHILLIP'S BLVD., SUITE 270		
CITY-ST-ZIP	ORLANDO FL 32819		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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



4/22/02 407 370-6664

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #