

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002557**

1. Entity Name
SECURITY FIRST TITLE PARTNERS OF ST. LUCIE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS,
03 MAR 12 PM 2:00.

Principal Place of Business
**1880 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952**

Mailing Address
**7360 BRYAN DAIRY RD., STE 200
LARGO FL 33777**



2. Principal Place of Business
1844 S.E. Port St. Lucie Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Port St. Lucie, FL

City & State

4. FEI Number **65-0870477**

Applied For
Not Applicable

Zip
34952

Country
USA

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

**THE SECURITY FIRST TITLE AFFILIATES, INC.
7360 BRYAN DAIRY RD., STE 200
LARGO FL 33777**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **32,000**

11. MAKE CHECK PAYABLE TO FL. 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 # **P95000040857**
NAME **THE SECURITY FIRST TITLE AFFILIATES, INC.**
STREET ADDRESS **1715 N. WESTSHORE BLVD., SUITE 990**
CITY-ST-ZIP **TAMPA FL 33607**

STREET ADDRESS

CITY-ST-ZIP

600013985146
03/12/03--01025--016 **321.50

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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 REQUIRED of G.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/03 (727) 549-3300
Date Daytime Phone #

0014404 AT

CR2E003 (10/02)