

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014376 AT

DOCUMENT # A99000000531

1. Entity Name
TITLE PARTNERS OF CONYERS, LTD.



FILED
03 MAY -5 PM 7:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
3341 OLD SALEM RD.
CONYERS GA 30013

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



2. Principal Place of Business
3339 Old Salem Rd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Conyers, GA

City & State

4. FEI Number 58-2438707

Applied For
Not Applicable

Zip 30013 Country USA

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TITLE PARTNERS OF AMERICA, INC.
7360 BRYAN DAIRY RD., STE 200
LARGO FL 33777

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

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

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

10. Amount of Capital Contributions in FLORIDA to date.

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 # P95000040945
NAME TITLE PARTNERS OF AMERICA, INC.
STREET ADDRESS 7360 BRYAN DAIRY ROAD, STE. 200
CITY-ST-ZIP LARGO FL 33777

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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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
Date

(727) 549-3300
Daytime Phone #

CR2E003 (10/02)