

2001 UNIFORM BUSINESS REPORT (UBR)

0014470 AF

DOCUMENT # A99000000799
 1. Entity Name
SECURE TITLE PARTNERS OF PINELLAS, LTD.

FILED
 01 APR -4 PM 5:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3281 STATE ROAD 584 **3281 STATE ROAD 584**
PALM HARBOR FL 34684 **PALM HARBOR FL 34684**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3573529** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
SKOCHER, SUSAN L
3281 STATE ROAD 584
PALM HARBOR FL 34684

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

9. Capital Contributions as Shown on record. **8.4 Filed 231,100**

10. Amount of Capital Contribution in FLORIDA to date. **23,100**

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 # **P97000009825**
 NAME **SECURE FINANCIAL, INC.**
 STREET ADDRESS **3281 STATE ROAD 584**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

STREET ADDRESS
 CITY-ST-ZIP **FF 250 45**

DOCUMENT #
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STREET ADDRESS **800003818398--6**
 CITY-ST-ZIP **-03/08/01--01036--006**
******249.75 ****197.25**

DOCUMENT #
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STREET ADDRESS **800003818398--6**
 CITY-ST-ZIP **-04/04/01--01005--026**
*******53.20 *****53.20**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Susan L. Skocher** Date **1-10-01** Daytime Phone # **721-789-9153**

CR2E003 (11/00)