

2002 UNIFORM BUSINESS REPORT (UBR)

0015997 AT

DOCUMENT # **A99000000799**

FILED

1. Entity Name **NEW NAME**
~~SECURE TITLE PARTNERS OF PINELLAS, LTD.~~ **SECURE TITLE, LTL**

02 APR -1 PM 12: 31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

DUE BY MAY 1, 2002

City & State **Tarpon Springs FL**

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

Zip **34688-7311** Country **USA**

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

SKOCHER, SUSAN L
3281 STATE ROAD 584
PALM HARBOR FL 34684

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

9. Capital Contributions as Shown on record. **33,800**

10. Amount of Capital Contributions in FLORIDA to date. **33,800**

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 **2827 Post Rock Dr**
 CITY-ST-ZIP **Tarpon Springs, FL 34688-7311**

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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**

2.8.02 **727-437-1607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE