


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016323 AT

FILED

03 MAY -2 PM 7:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

BJH

DOCUMENT # A99000000799 1. Entity Name SECURE TITLE, LTD.		
Principal Place of Business 3281 STATE ROAD 584 PALM HARBOR FL 34684	Mailing Address 2827 POST ROCK DRIVE TARPON SPRINGS FL 34688-7311	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	



DUE BY MAY 1, 2003			
City & State	City & State	4. FEI Number 59-3573529	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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
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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. \$33,800.00	10. Amount of Capital Contributions in FLORIDA to date. \$28,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.

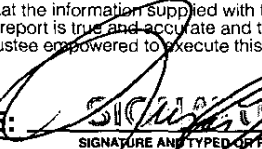
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000009825	STREET ADDRESS	
NAME	SECURE FINANCIAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	2827 POST ROCK DR		
CITY-ST-ZIP	TARPON SPRINGS FL 34688-7311		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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CR2E003 (10/02)

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:  **SUSAN L. SKOCHER** **2/1/03** **727-937-1607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #