

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000799**

1. Entity Name  
**SECURE TITLE, LTD.**



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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

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

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. 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. **\$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**

**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 **2827 POST ROCK DR**  
CITY-ST-ZIP **TARPON SPRINGS FL 34688-7311**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

**300017913723**  
**05/02/03--01107--018 \*\*284.75**

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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: **SUSAN L. SKOCHER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/1/03 727-937-1607**  
Date Daytime Phone #

0016323 AT

CR2E003 (10/02)

STAPLE CHECK HERE