

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000964

1. Entity Name

TITLE GROUP OF FORT MYERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business

13241 UNIVERSITY DRIVE
FORT MYERS FL 33907

Mailing Address

~~12600~~ WORLD PLAZA LANE, SUITE 4
FORT MYERS FL 33907-3987



2. Principal Place of Business

3. Mailing Address

12620 World Plaza Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3 Bldg 60

City & State

City & State

4. FEI Number

65-0926920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DEBORAH

~~12600~~ WORLD PLAZA LANE, SUITE 4
FORT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

12620 World Plaza Lane

Suite 3 Bldg 60

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P99000045140
NAME FLORIDA TITLE AFFILIATES INC.
STREET ADDRESS 12699 NEW BRITTANY BLVD.
CITY - ST - ZIP FT. MYERS FL 33907

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/00

941-277-5677

Date

Daytime Phone #

CR2E003 (9/99)