

2002 UNIFORM BUSINESS REPORT (UBR)

0014585 AT

DOCUMENT # **A99000000964**

1. Entity Name

TITLE GROUP OF FORT MYERS, LTD.

FILED

02 MAY -1 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

**7910 SUMMERLIN LAKES DRIVE
FORT MYERS FL 33907**

Mailing Address

**12620 WORLD PLAZA LANE, SUITE 3
BUILDING 60
FORT MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0926920

Applied For

Not Applicable

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

**SMITH, DEBORAH
12620 WORLD PLAZA LANE
SUITE 3, BLDG. 60
FORT MYERS FL 33907**

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

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

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 **12620 WORLD PLAZA LANE, BLDG. #60, STE. 3**
CITY-ST-ZIP **FT. MYERS FL 33907**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P01000081956**
NAME **COLLINS TITLE AFFILIATES, INC.**
STREET ADDRESS **7910 SUMMERLIN LAKES DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33907**

STREET ADDRESS

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******438.75 ****438.75**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/11/02

941-277-5677

Date

Daytime Phone #

CR2E003 (9/01)