

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004549 AV

DOCUMENT # A99000001156

1. Entity Name

TITLE PARTNERS OF MOORESTOWN, LTD

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 16 AM 10: 57

Principal Place of Business

210 W. MAIN STREET  
MOORESTOWN NJ

Mailing Address

1715 N. WESTSHORE BLVD., SUITE 990  
TAMPA FL 33607



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

58-2457436

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TITLE PARTNERS OF AMERICA, INC.  
1715 N. WESTSHORE BLVD., SUITE 990  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

SAME

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

7360 BRYAN DAIRY RD  
SUITE 200

City

LARGO

FL

Zip Code

33777

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

DOCUMENT # P95000040945  
NAME TITLE PARTNERS OF AMERICA, INC.  
STREET ADDRESS 1715 N. WESTSHORE BLVD., SUITE 990  
CITY-ST-ZIP TAMPA FL 33607

13. ADDRESS CHANGES ONLY

STREET ADDRESS

7360 Bryan Dairy Rd, Ste 200

CITY-ST-ZIP

Largo, FL 33777

STREET ADDRESS

CITY-ST-ZIP

400005694774--6

06/06/02--01066--005

\*\*\*\*447.50 \*\*\*\*447.50

STREET ADDRESS

CITY-ST-ZIP

350.00-up

88.75-Adm

8.75-Cert

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02

Date

Daytime Phone #

CR2E003 (9/01)