

2001 UNIFORM BUSINESS REPORT (UBR)

0014468 AF

DOCUMENT # **A99000001285**

1. Entity Name -

SECURE TITLE PARTNERS OF HILLSBOROUGH, LTD.

Principal Place of Business

**3281 STATE ROAD 584
PALM HARBOR FL 34684**

Mailing Address

**3281 STATE ROAD 584
PALM HARBOR FL 34684**

FILED

01 APR -4 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3034 W. Bearss

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33618

Country

USA

Country

4. FEI Number

39-3587657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

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.

STARTED 6900

10. Amount of Capital Contributions in FLORIDA to date.

\$6,900

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 # **P97000009825**
NAME **SECURE FINANCIAL INC**
STREET ADDRESS **3281 STATE RD 584**
CITY-ST-ZIP **PALM HARBOR FL**

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13. ADDRESS CHANGES ONLY

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Susan L. Skocher 1/10/01 727-789-9153

Date

Daytime Phone #

CR2E003 (11/00)