

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # A99000001335

1. Entity Name

ENTERPRISE TITLE SERVICES, LTD

02 JUL 17 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

26133 US 19 NORTH SUITE 412  
CLEARWATER FL 33763

Mailing Address

29296 US 19  
#104  
CLEARWATER FL 33761

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

59-3577869

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

BARNES, ERIC D ESC  
24701 US 19 NORTH, SUITE 104  
CLEARWATER FL 33763

Name

WALTER L. SCHAFER, JR., P.A.  
Attorney and Counselor at Law  
2430 Estancia Boulevard  
Suite 108  
Clearwater, Florida 34621-2607

Street

City

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.

\$1,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UNIFIED ENTERPRISES, INC.  
29296 US 19 NORTH SUITE 104  
CLEARWATER FL 33763

STREET ADDRESS

CITY-ST-ZIP

100006584261--8

07/23/02--01018--009

STREET ADDRESS

\*\*\*\*\*558.75 \*\*\*\*\*558.75

CITY-ST-ZIP

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CR2E003 (9/01)

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

1/11/2002

Date Daytime Phone #