

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000001335**

1. Entity Name  
**ENTERPRISE TITLE SERVICES, LTD**



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

04122004 Chg-LP CR2E003 (10/03)

Suite, Apt #, etc

Suite, Apt # etc

4. FEI Number  
**59-3577869**

Applied For  
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

**SCHAFER, WALTER L JR, PA  
2430 ESTANCIA BLVD., STE. 108  
CLEARWATER, FL 34621-2607**

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. I am familiar with, and accept the obligations of registered agent.

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.

**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

**1100000120256  
04/20/04-80009-015 150.00**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**JAN RIOS 04/12/04**

STAPLE CHECK HERE