

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001643

1. Entity Name

EQUITABLE TITLE SERVICES LTD, NO. 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -9 PM 1:33

Principal Place of Business

7575 DR. PHILLIPS BLVD., #270  
ORLANDO FL 32819

Mailing Address

7575 DR. PHILLIPS BLVD., #270  
ORLANDO FL 32819-7260



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3605917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, F. LARRY  
8500 FULTON COURT  
ORLANDO FL 32835

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.

\$12,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$5000

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 # P95000023616  
NAME EQUITABLE TITLE AGENCY, INC.  
STREET ADDRESS 7575 DR. PHILLIPS BLVD., #270  
CITY - ST - ZIP ORLANDO FL 32819

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pres

4/12/00

Date

407 370-6664

Daytime Phone #