

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001643**

1. Entity Name

**EQUITABLE TITLE SERVICES LTD, NO. 3**

Principal Place of Business  
7575 DR. PHILLIPS BLVD., #270  
ORLANDO FL 32819

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3605917**

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

**JOSEPH, F. LARRY**  
**8500 FULTON COURT**  
**ORLANDO FL 32835**

Name

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

**8113 Breeze Cove Lane**

City

**ORLANDO**

**FL**

Zip Code  
**32819**

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.

**12,000.00**

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 this form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

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

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**84.00-LP**

**88.75-Adm**

**400004213554---**  
**-05/14/01--01008--024**  
**\*\*\*\*172.75 \*\*\*\*172.75**

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 62, Florida Statutes

SIGNATURE:

**Joseph F. Larry**  
**JOSEPH F. LARRY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/18/01**  
Date

**(407) 370-6664**  
Daytime Phone #

CR2E003 (11/00)