

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019410 AF

DOCUMENT # A99000001722

1. Entity Name

TITLE 2000, LTD.

Principal Place of Business

2014 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952

Mailing Address

2014 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952

FILED

01 APR -9 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2201344

Applied For

Not Applicable

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

ZINTER, PAUL A  
2014 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952

Name

PAT RYLEE

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

2014 SE PORT ST LUCIE BLVD

City

PORT ST. LUCIE

FL

Zip Code

34952

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

*Paul A. Zinter*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-01

DATE

9. Capital Contributions  
as Shown on record.

\$25,000.00

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 # S68512  
NAME REFERRALS ANYWHERE, INC.  
STREET ADDRESS 2014 SE PORT ST LUCIE BLVD  
CITY-ST-ZIP PORT ST LUCIE FL 34952

STREET ADDRESS

CITY-ST-ZIP

500004014455-7

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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

4-5-01

Date

561-335-4333

Daytime Phone #

CR2E003 (11/00)