

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001722

1. Entity Name
TITLE 2000, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -8 PM 3:34

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E/6

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



2. Principal Place of Business
10655 South US 1
Suite, Apt. #, etc.

3. Mailing Address
10655 South US 1
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

4. FEI Number 52-2201344

Applied For
Not Applicable

Zip Country
34952 ST LUCIE

Zip Country
34952 ST LUCIE

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

RYLEE, PAT

2014 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

Name

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

10655 South US 1

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.

\$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 RAP, INC.
STREET ADDRESS 2014 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 34952

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-21-03 772-348-3332

Date

Daytime Phone #

0016878 AT

CR2E003 (10/02)

STAPLE CHECK HERE