200 <sup>-</sup>	1 UNI	FOF	RM BUS	INESS REPO	RT	(UB	R)	_			a a		
DOCU 1. Entity Nam									:				
EQUITABLE TITLE SERVICES, LTD. NO. 4									†    -	FILED			
Principal Place of Business Mailing Address										IPR 26 PM	3: <b>53</b>		
				7575 DR. PHILLIPS BLVD ORLANDO FL 32819	Suite 2	270			i	RETARY OF			
2. Principal Place of Business			3. Mailing Address			<del></del>			( <u> </u>			<b>1910</b> ( <b>1</b> 111) ( <b>191</b> 1)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	·				-	DO NOT WRIT	E IN THIS S	PACE		
City & State			City & State				4.	FEI Number	59-3623605			pplied For ot Applicable	
Zip	Zip Country			Zip	Country			5.	Certificate of	Status Desired		8.75 Ad ee Require	
6. Name and Address of Current Registered Agent						Name		_7,	Name and A	ddress of New R	egistered A	gent	
JOSEPH, F. LARRY							Street Address (P.O. Box Number is Not Acceptable)					· -	
8500 FULTON COURT ORLANDO EL 32835						01	12 .1			0 40	1 4 46	,	
ONEMBLO EL 32000							or La			Cove	FL	Zip Cod <b>3</b> みを	le 40
8. The above	registere		••			in the State of Flor		368	17				
				•									
SIGNATURE .			ture required	when r	einstating)		DATE						
<ol><li>Capital Co as Shown</li></ol>	on record.		\$12,000.00	10. Amount of Capi in FLORIDA to c	ate.	10	407	00	00	11. MAKE CHEC SEE REVERS	E SIDE FOR		
A GENERAL PARTNER THAT IS A BUSINESS EN TITY MUST BE REGISTERED AN NOTE: General Partners MAY NOT be changed on the form; an amendment must be										TIVE WITH THIS	S OFFICE. neral parti	,. * ner.	•
12.	13.				<u> </u>	ADDRESS CHA							
DOCUMENT # NAME	P95000023616 EQUITABLE TITLE AGENCY, INC. 7575 DR. PHILLIPS BLVD., SUITE 2 ORLANDO FL 32819				STRE	STREET ADDRESS					8	4.0	9-4
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4. I hereby certify that the information supplied with this filling does not qualify to 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 he 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 Chap er 620, Florida Statutes

Equitable Title Agents

To less that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chap er 620, Florida Statutes

SIGNATURE:

SIGNATURE AND OFFED OR PRINTED NAME OF SIGNING GENER L PARTNER

FLHANY Joseph

4/18/0

407 370-6664

Daytime Phone #