

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90017 001 *****50.00

DOCUMENT # L00000003393

1. Entity Name

GULF COAST TITLE PARTNERS, LLC

Principal Place of Business

**1403 E. BELMONT STREET
PENSACOLA FL 32501**

Mailing Address

**1403 E. BELMONT STREET
PENSACOLA FL 32501**

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

59-3649647

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAMPBELL, JAMES S
3 WEST GARDEN STREET, SUITE 600
BLOUNT BLDG.
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**MGRM
BEGGS & LANE L.L.P.
3 WEST GARDEN ST., STE. 600 BLOUNT BLVD.
PENSACOLA FL 32501**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Delete

10. ADDITIONS/CHANGES

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**☐ Change☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0001736

CR2E083 (9/01)