

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

05-05-2003 92182 038 *****50.00

L01000008114

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DOCUMENT # L01000008114

1. Entity Name

TITLE AFFILIATES OF CLEARWATER, L.L.C.



FILED

03 MAY 27 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
101 GATEWAY CENTRE PARKWAY, GATEWAY ONE
RICHMOND VA 23235

Mailing Address
101 GATEWAY CENTRE PARKWAY, GATEWAY ONE
RICHMOND VA 23235

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number 59-3739319
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KIRTLEY, WILLIAM T ESQ.
1778 RINGLING BLVD
SARASOTA FL 34236

7. Name and Address of Now 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USA TITLE AFFILIATES INC		NAME		
STREET ADDRESS	101 GATEWAY CENTER PKWY GATEWAY ONE		STREET ADDRESS		
CITY - ST - ZIP	RICHMOND VA 23235		CITY - ST - ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTESTAD PA, DONNA		NAME		
STREET ADDRESS	33 FRIENDSHIP CT		STREET ADDRESS		
CITY - ST - ZIP	SAFETY HARBOR FL 34895		CITY - ST - ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREW, THOMAS		NAME		
STREET ADDRESS	3046 EASTLAND BLVD #J-103		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 33781		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEL-FAST REAL ESTATE		NAME		
STREET ADDRESS	2454 MCMULLEN BOTH RD STE 310		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER FL 33759		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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.

USA Title Affiliates, Inc.
SIGNATURE: *Debra J. VanBuskirk* 4/25/03 804 267-8195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Debra J. VanBuskirk, Vice President

CR2E083 (10/02)