

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90046 022 ****50.00

DOCUMENT # L02000014343

1. Entity Name

KEYSTONE TITLE LLC



Principal Place of Business

**420 SOUTH LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656
US**

Mailing Address

**420 SOUTH LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656
US**

2. Principal Place of Business

**6015 AIA South
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 2000
Suite, Apt. #, etc.**

City & State

St Augustine FL

City & State

Keystone Hts FL

Zip

32080

Country

USA

Zip

32656

Country

4. FEI Number

13-4206593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TAYLOR, JAMES J JR.
420 SOUTH LAWRENCE BOULEVARD
KEYSTONE HEIGHTS FL 32656**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

Man. Member
James J. Taylor Jr. ☐ Delete
420 S. Lawrence Blvd
Keystone Hts FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 REQUIRED

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

3/15/03 3524738/81

Date

Daytime Phone #

CR2E083 (10/02)