


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/2/

FILED
May 30, 2003 8:00 am
Secretary of State

04-25-2003 90750 039 *****55.00

DOCUMENT # L02000020148	
1. Entity Name TITLE COMPANY, L.L.C.	

Principal Place of Business 2655 MCCORMICK DRIVE, SUITE 206 CLEARWATER FL 33759	Mailing Address 2655 MCCORMICK DRIVE, SUITE 206 CLEARWATER FL 33759
--	--

44002946

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-3060178		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIRTLEY, WILLIAM T ESO 1776 RINGLING BOULEVARD SARASOTA FL 34236		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 NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM KELLY, EXEC V-PRES USATHE AFFILIATES MANAGING 2655 MCCORMICK DR, MEMBER [Delete] <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STE 206, CLEARWATER, FL 33759 [Delete] <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete] <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete] <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete] <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete] <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: WILLIAM KELLY **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

WILLIAM KELLY, EXEC. V-PRES.

Date 4/21/03 Daytime Phone #

727-725-3833

CFR2083 (10/02)