

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0047981

DOCUMENT # L98000000269

1. Entity Name

ASSOCIATED FINANCIAL TITLE AGENCY, L.C.



FILED

03 MAY -2 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1002 W. 23RD ST. SUITE 400
PANAMA CITY FL 32405

Mailing Address

1002 W. 23RD ST. SUITE 400
PANAMA CITY FL 32405

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 59-3495912

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

7. Name and Address of New Registered Agent

HENRY, ROBERT F III
1002 W. 23RD STREET, SUITE 400
PANAMA CITY FL 32405

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

200017914492
03/02/03--01108--003 **55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HENRY, ROBERT F III
1002 W. 23RD STREET, SUITE 400
PANAMA CITY FL 32405 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CHAPMAN, KRISTIAN B
1002 W. 23RD STREET, SUITE 400
PANAMA CITY FL 32405 ☐ Delete

TITLE
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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

4/28/03

Date

850 769 8981

Daytime Phone #

CR2E083 (10/02)