

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90153 046 \*\*\*\*50.00

**DOCUMENT # L98000002595**

1. Entity Name

**TITLE ASSOCIATES, L.L.C.**

Principal Place of Business

**2958 1ST. AVE., NORTH  
 ST. PETERSBURG FL 33713**

Mailing Address

**2958 1ST. AVE., NORTH  
 ST. PETERSBURG FL 33713**

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

**59-3540896**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KREISCHER, ALBERT C JR.  
 1407 W. BUSCH BLVD.  
 TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name **Alan S. Weissman**

Street Address (P.O. Box Number is Not Acceptable)  
**2958 First Ave N**

City **St Petersburg**

**FL**

Zip Code **33713**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/9/02**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REINHARDT, JOE A</b> <b>2958 1ST. AVE., NORTH</b> <b>ST. PETERSBURG FL 33713</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MEINHARDT, ERIKA</b> <b>2958 1ST. AVE., NORTH</b> <b>ST. PETERSBURG FL 33713</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPX VP</b> <b>SADOWSKI, PETER T</b> <b>2958 1ST. AVE., NORTH</b> <b>ST. PETERSBURG FL 33713</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>STINSON, ALAN L</b> <b>2958 1ST. AVE., NORTH</b> <b>ST. PETERSBURG FL 33713</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>VAN ROEYEN, EILEEN W</b> <b>2958 1ST. AVE., NORTH</b> <b>ST. PETERSBURG FL 33713</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Alan S. Weissman</b> <b>2958 First Ave N</b> <b>St Petersburg, FL 33713</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>Hilary B. Burkemper</b> <b>2958 First Ave N</b> <b>St Petersburg, FL 33713</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>Richard L. Cox</b> <b>2958 First Ave N</b> <b>St Petersburg, FL 33713</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAS</b> <b>Marjorie Nemzura</b> <b>2958 First Ave N</b> <b>St Petersburg, FL 33713</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>Fernando Valez, Jr.</b> <b>2958 First Ave N</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *[Signature]* **REQUIRED**

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

Date

**4/9/02**

Daytime Phone #

CR2E083 (9/01)