2000 UNIFORM BUSINESS REPORT (UBR)

				•	-							
DOCUMENT # L9900004513 1. Entity Name . CORNERSTONE TITLE SERVICES, L.L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS						
Principal Plac	en of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·			00 SEP 1	2 AM 10:	02	۸		
Principal Place of Business Mailing Address 1203 SW 12TH STREET 1203 SW 12TH STREET									-2	Ð		
OCALA FL 34474 OCALA FL 34474									/	8		
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2. Principal P												
C.::- A-1	#	Cuito Ant # oto	Cuite Act 46 etc				DO NOT III	DITE IN THIS O	DAOE			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apr. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Stat	e	City & State	City & State			4. FEI Number Applied For Not Applied For Not Applicable					}	
Zip **	Country	Zip	Cour	ntry			cate of Status Desired		5.00 Add	ditional	1	
	6. Name and Address o	f Current Registered Agent]	7.	Name	and Address of Nev		 	<u> </u>	}	
					Name							
MULDOON, CRAIG J					Street Address (P.O. Box Number is Not Acceptable)							
1203 SW 12TH STREET OCALA FL 34474										•	1	
OUNCAT				City				FL	Zip Cod	le	1	
8 The shove	named entity submits this str	atement for the purpose of changing its	register	ed office or re	agistered ac	nent o	hoth in the State of		<u></u>	,	1	
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SIGNATURE .	Signature, typed or printed name of reg	istered agent and title if applicable. (NOTE	: Registers	d Agent signature	required when r	einstating	a)	DATE			-	
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		Make Check Pay				ite						
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9.	MGR	G MEMBERS/MANAGERS ☐ Delete	10. 711L				ADDITION	IS/CHANGES	☐ Change	☐ Addition	18	
NAME	ADVANCED TITLE RESE	ARCH SERVICES, INC.	NAM						-		į	
STREET ADDRESS CITY-ST-ZIP	1203 SW 12TH STREET OCALA FL 34474			EET ADDRESS '-ST-ZIP							8	
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CITY-ST-ZIP			┺	-ST-ZIP						- Addition	-	
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NAME	7.61	. Detele	NAM						C. Ournings	Modition		
STREET ADDRESS CITY-ST-ZIP	¥:*			EET ADDRESS -ST-ZIP								
	certify that the information	oplied with this filing does not qualify for			in Section	119.07	7(3)(i), Florida Statute	s. I further certi	fy that the i	nformation	1	
indicated	on this report is true and acc	curate and that my signature shall have the ror trustee empowered to execute this r	he same	e legaLeffect :	as if made (under (nath: that I am a mar	naging member	or manage	r of the		
		DA 70 3 P P P 100			1	4. A	n.		اب	٠.۱.۵		
SIGNAT		APORE RECUIII	<u> </u>	CKI	416 J-	MLU	CI-DOON-YR	ESIDENT	<u>-7/3</u>	<u> 31-108 -</u>	-	
	SIGNADURE AND TY	PED OR PRINTED NAME OF SIGNING MANAGING A	IEMBER (JH MANAGER	•		Date	Day	time Phone #	_	1	

1200 201-21-70