

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90115 016 ****50.00

DOCUMENT # M02000000304

1. Entity Name

REAL ESTATE TITLE SERVICES, LLC



Principal Place of Business

Mailing Address

12800 TOWNEPARK WAY #201
LOUISVILLE KY 40243

12800 TOWNEPARK WAY #201
LOUISVILLE KY 40243

2. Principal Place of Business

9721 ORMSBY STATION RD. 9721 ORMSBY STATION RD.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

LOUISVILLE, KY

City & State

LOUISVILLE, KY

4. FEI Number

62-1855058

Applied For

Not Applicable

Zip

Country

40223 USA

USA

Zip

Country

40223 USA

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROIZAT, PETER
3402 WEST CYPRESS STREET, SUITE 400
TAMPA FL 33607**

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

TITLE **MGR** ☐ Delete
NAME **FREIBERT, SHAWN R**
STREET ADDRESS **161 ST. MATTHEWS AVE.**
CITY-ST-ZIP **LOUISVILLE KY 40207**

TITLE **MGR** ☐ Delete
NAME **MOOSER, CHRIS J**
STREET ADDRESS **161 ST. MATTHEWS AVE.**
CITY-ST-ZIP **LOUISVILLE KY 40207**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

4/9/03

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

Date

Daytime Phone #

CR2E083 (10/02)

0070888