

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000003977

1. Entity Name  
DIGITAL LEGAL SOLUTIONS, INC.



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90306 013 \*\*\*150.00

0433265  
AV

Principal Place of Business  
6158 LASALLE ROAD  
DELRAY BEACH FL 33484

Mailing Address  
6158 LASALLE ROAD  
DELRAY BEACH FL 33484

11043330



2. Principal Place of Business  
9857 MAJESTIC WAY  
Suite, Apt. #, etc.

3. Mailing Address  
9857 MAJESTIC WAY  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
BOYNTON BEACH, FL

City & State  
BOYNTON BEACH, FL

4. FEI Number 52-2169656  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SOLOMON, GERALD  
6158 LASALLE ROAD  
DELRAY BEACH FL 33484

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
9857 MAJESTIC WAY  
City BOYNTON BEACH FL Zip Code 33437

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE C  
NAME SOLOMON, GERALD  
STREET ADDRESS 6158 LASALLE ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE VC  
NAME SOLOMON, MARILYN  
STREET ADDRESS 6158 LASALLE ROAD  
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 9857 MAJESTIC WAY  
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 9857 MAJESTIC WAY  
CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☒ Change ☐ Addition

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

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

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

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 561-364-2520  
Date Daytime Phone #

CR2E034 (10/02)