

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90144 036 ***150.00

DOCUMENT # F96000000662

1. Entity Name
LEGALWISE SERVICES, INC.

Principal Place of Business
902 NORTH FLORIDA AVE
TAMPA FL 33602
US

Mailing Address
P O BOX 173086
TAMPA FL 33672
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1500 S. Dale Mabry Hwy

3. Mailing Address
PO Box 20608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Zip

33629

Country

Country

USA

33622

USA

4. FEI Number
59-3333524

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID A SCHLAIFER
902 NORTH FLORIDA AVE
TAMPA FL 33602

Name
David A. Schlaifer

Street Address (P.O. Box Number is Not Acceptable)
1500 S. Dale Mabry Hwy.

3rd Floor

City
Tampa

FL

Zip Code
33629

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 **David A. Schlaifer, President** **4/16/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHLAIFER, DAVID A 902 NORTH FLORIDA AVE TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTHOVEN, PATRICK 902 NORTH FLORIDA AVE TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TAYLOR, GLENN C 902 NORTH FLORIDA AVE TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST David A. Schlaifer 1500 S. Dale Mabry Hwy, 3rd floor Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patrick Enthoven 1500 S. Dale Mabry Hwy, 3rd Floor Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Glenn Taylor 1500 S. Dale Mabry Hwy, 3rd floor Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David A. Schlaifer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 **813-301-6200**
Date Daytime Phone #