

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90553 005 \*\*\*150.00

**DOCUMENT # F96000000662**

**1. Entity Name**  
**LEGALWISE SERVICES, INC.**



**Principal Place of Business**  
**1500 S DALE MABRY HWY**  
**3RD FLOOR**  
**TAMPA FL 33629**  
**US**

**Mailing Address**  
**PO BOX 20608**  
**TAMPA FL 33622**  
**US**



**2. Principal Place of Business**

**401 EAST JACKSON ST.**

**3. Mailing Address**

**401 EAST JACKSON ST.**

**Suite, Apt. #, etc.**

**SUITE 3400**

**Suite, Apt. #, etc.**

**SUITE 3400**

**City & State**

**TAMPA FLORIDA**

**City & State**

**TAMPA FLORIDA**

**Zip**

**33602**

**Country**

**USA**

**Zip**

**33602**

**Country**

**USA**

**4. FEI Number** **59-3333524**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**DAVID A SCHLAIFER**  
**1500 S DALE MABRY HWY**  
**3RD FLOOR**  
**TAMPA FL 33629**

**7. Name and Address of New Registered Agent**

**Name** **PATRICK ENTHOVEN**  
**Street Address (P.O. Box Number is Not Acceptable)** **401 EAST JACKSON STREET**  
**SUITE 3400**  
**City** **TAMPA** **FL** **Zip Code** **33602**

**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]* **PATRICK ENTHOVEN PRESIDENT** **JANUARY 15, 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DPST</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>SCHLAIFER, DAVID A</b>	
<b>STREET ADDRESS</b>	<b>1500 S DALE MABRY HWY 3RD FLR</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33629</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ENTHOVEN, PATRICK</b>	
<b>STREET ADDRESS</b>	<b>1500 S DALE MABRY HWY 3RD FLR</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33629</b>	
<b>TITLE</b>	<b>CD</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>TAYLOR, GLENN C</b>	
<b>STREET ADDRESS</b>	<b>1500 S DALE MABRY HWY 3RD FLR</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33629</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>DPST</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>PATRICK ENTHOVEN</b>	
<b>STREET ADDRESS</b>	<b>401 EAST JACKSON STREET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA, FLORIDA 33602</b>	
<b>TITLE</b>	<b>CD</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>GLENN C. TAYLOR</b>	
<b>STREET ADDRESS</b>	<b>401 EAST JACKSON STREET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA, FLORIDA, 33602</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 or other like empowered.**

**SIGNATURE:**

*[Signature]* **PATRICK ENTHOVEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)