

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90553 013 ***150.00

DOCUMENT # **H98509**

1. Entity Name
LEGALWISE, 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

3. Mailing Address

401 EAST JACKSON STREET

401 EAST JACKSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3400

SUITE 3400

City & State

City & State

TAMPA, FLORIDA

TAMPA, FLORIDA

Zip

Country

Zip

Country

33602

USA

33602

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-1747804

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

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

Name

PATRICK R. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

(PATRICK ENTHOVEN)

JANUARY 15, 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Delete
NAME **SCHLAIFER, DAVID A**
STREET ADDRESS **1500 S. DALE MABRY HWY, 3RD FLOOR**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **CD** ☐ Delete
NAME **TAYLOR, GLENN**
STREET ADDRESS **1500 S. DALE MABRY HWY, 3RD FLOOR**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **CD** ☒ Change ☐ Addition
NAME **GLENN TAYLOR**
STREET ADDRESS **401 EAST JACKSON STREET, SUITE 3400**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D** ☐ Delete
NAME **ENTHOVEN, PATRICK**
STREET ADDRESS **1500 S. DALE MABRY HWY, 3RD FLOOR**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **PRESIDENT DPST** ☒ Change ☐ Addition
NAME **PATRICK ENTHOVEN**
STREET ADDRESS **401 EAST JACKSON STREET, SUITE 3400**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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 REQUIRED ENTHOVEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JANUARY 15, 2003 (813) 222-8555

CR2E034 (10/02)