

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90137 006 ****50.00

DOCUMENT # M01000000791

1. Entity Name

LEGALWISE NORTH AMERICA, L.L.C.

Principal Place of Business

**902 N. FLORIDA AVENUE
TAMPA FL 33602**

Mailing Address

**902 N. FLORIDA AVENUE
TAMPA FL 33602**

2. Principal Place of Business

1500 S. Dale Mabry Hwy

Suite, Apt. #, etc.

3rd Floor

City & State
Tampa, FL

Zip
33629

Country

USA

3. Mailing Address

PO Box 20608

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip

33622

Country

USA

4. FEI Number

58-2193910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHLAIFER, DAVID A
902 N. FLORIDA AVE.
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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 **DSA** **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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SCHLAIFER, DAVID A**
STREET ADDRESS **PO BOX 173086**
CITY-ST-ZIP **TAMPA FL**

TITLE **MGR** ☐ Delete
NAME **ENTHOVEN, PATRICK**
STREET ADDRESS **PO BOX 173086**
CITY-ST-ZIP **TAMPA FL**

TITLE **MGR** ☐ Delete
NAME **TAYLOR, GLENN C**
STREET ADDRESS **PO BOX 173086**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **David A. Schlaifer**
STREET ADDRESS **PO Box 20608**
CITY-ST-ZIP **Tampa, FL 33622**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Patrick Enthoven**
STREET ADDRESS **PO Box 20608**
CITY-ST-ZIP **Tampa, FL 33622**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Glenn Taylor**
STREET ADDRESS **PO Box 20608**
CITY-ST-ZIP **Tampa, FL 33622**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **David A. Schlaifer** **4/16/02** **(813) 301-6200**

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

Date

Daytime Phone #

CR2E083 (9/01)