

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 10, 2001 8:00 am
Secretary of State

05-24-2001 90495 019 *****61.25

DOCUMENT # N00000002709

1. Entity Name

FLORIDA LEGAL ASSISTANTS, INC.

Principal Place of Business

**6737 MANGO AVE. S.
ST. PETERSBURG FL 33701**

Mailing Address

**6737 MANGO AVE. S.
ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

Applied for

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, LOUISE E
6737 MANGO AVE. S.
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **Director**
STREET ADDRESS **Louise E. Thomas**
CITY-ST-ZIP **6737 Mango Avenue So.
St. Petersburg, FL 33701**TITLE ☐ Delete
NAME **Director**
STREET ADDRESS **Vera Long**
CITY-ST-ZIP **777 South Flagler Drive, #500E
West Palm Beach, FL 33401**TITLE ☐ Delete
NAME **Director**
STREET ADDRESS **Penny Bell**
CITY-ST-ZIP **3685 South Sherwood Circle
Cocoa, FL 32925**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 is required by Chapter 617, 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] Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate *7/30/2001* Daytime Phone #

CR2E037 (10/00)

Attachment 9604

#N000000002709



FLORIDA DEPARTMENT OF STATE

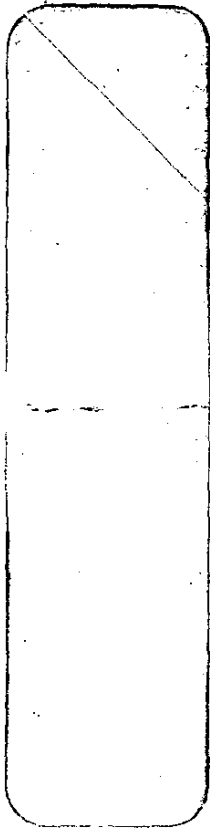
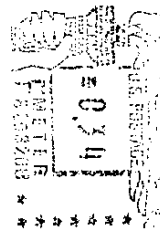
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

Corporate Records

P.O. Box 6327

Tallahassee, Florida 32314



32707-2227 24

