

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043710

1. Entity Name

THE LEGAL TIPS GROUP, P.A.

APPROVED  
AND  
FILED

01 JUL 10 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 7231

TALLAHASSEE FL 32314

Mailing Address

P.O. BOX 7231

TALLAHASSEE FL 32314

2. Principal Place of Business

1100 A East Tennessee Street

Suite, Apt. #, etc.

3. Mailing Address

PO Box 5555

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida

4. FEI Number

59-3704681

Applied For

Not Applicable

Zip

32304

Country

Zip

32314

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, KESHYA

800 ASHVILLE RD

MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name Keshya Williams

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

1100 A East Tennessee Street

City

Tallahassee

FL

Zip Code  
32304

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 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Partner/President Keshya Williams 1100 A East Tennessee Street Tallahassee, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Keshya Williams* Keshya Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0109846 AT

CR2E034 (5/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 8, 2001

THE LEGAL TIPS GROUP, P.A.  
P.O. BOX 7231  
TALLAHASSEE, FL 32314

SUBJECT: THE LEGAL TIPS GROUP, P.A.  
Ref. Number: P00000043710

Please be advised, we have received your annual report/uniform business report for the above corporation; however, the report **has not been filed** and a copy is being returned for the following:

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Marquitta Williams  
Document Specialist

Letter Number: 901A00035445

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUL 10 AM 10:28  
NOT INTERFERE  
TO ACHIEVE  
SUFFICIENCY OF FILING

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000043710**

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**THE LEGAL TIPS GROUP, P.A.**

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Mailing Address

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Suite, Apt. #, etc.

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4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, KESHYA  
800 ASHVILLE RD  
MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name **Keshya Williams**  
Street Address (P.O. Box Number is Not Acceptable)  
**1100 E. Tennessee Street**City **Tallahassee**

FL

Zip Code **32304**

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

*Keshya Williams*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23-01**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, 2001 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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Keshya Williams*

Daytime Phone #

**4-23-01**

CR2034 (10/00)