_			
200 & UNIFORM	BUSINESS	REPORT	(UBR)

2004	INIFORM RUG	SINFSS REDA)RT	(URI	2) :		. 1:			
200% UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000043710				1) :	APPROV AND FILE:	Free P				
THE LEGAL TIPS GROUP, P.A.					OI JUL 10 A	411:18				
Principal Place of Business Mailing Address P.O. BOX 7231 P.O. BOX 7231 TALLAHASSEE FL 32314 TALLAHASSEE FL 32314					SECRETARY OF TALLAHASSEE.		11 202 2121 2 21 2 31	a n an k 1841		
2. Principal Place of Business 3. 1100 A East Tennessee Street Suite, Apt. #, etc.		3. Mailing Address PO Box 5555 Suite, Apt. #, etc.	PO Box 5555			DO NOT WRITE IN THIS SPACE				
City & State		City & State	El aud	<u> </u>	4	. FEI Number			plied For	
Zip Zip	ssee, Florida Country	Tallahassee,	Coun	itry	-	59-3704681 Certificate of Status Desire	ed 🗆	\$8.75 Addi		
32304	6 Name and Address of Curre	32314	USA	\ T		. Name and Address of Ne		Fee Required	<u></u>	
6. Name and Address of Current Registered Agent Name Kesh					Williams	ii riogiotoroa	- Agoria			
WILLIAMS, KESHYA 800 ASHVILLE RD				Street Address (P.O. Box Number is Not Acceptable) 1100 A East Tennessee Street						
MONTICEL	LO FL 32344			City		<u></u>	FL	Zip Code 3230		
8 The above	named entity submits this statemen	t for the purpose of changing i	its register		11ahass r registered			_ 3230	4	
o. The above	Hamba Criticy Sabrinto tino statement	tion the purpose of ontaligning t	no rogioto.	00 000 5.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	OTE: Registere	nd Agent signat	ure required whe	on 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. Make Check Payable to Department of Star				e \$750.00	10. Election Campaign Trust Fund Contrib			0 May Be I to Fees		
11.	OFFICERS AT	ND DIRECTORS	12.			ADDITIONS/CHANGES TO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1 E	Keshya 1100 A	r Partner/Presi a Williams A East Tennesse nassee, FL 323	e Street	IX] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
indicated of the cor changed,	certify that the information supplied on this report or supplemental report poration or the receiver or trustee er or on an attachment with an address	rt is true and accurate and that mpowered to execute this repose, with all other like empowers	at my signa ort as requ ed.	iture shall r ired by Cha	nave the san apter 607, F	ne legal ettect as it mage un	ger oam: that ↓	am an onicer	or airector	
SIGNATURE: Keshyagwilliams										

KeshyazWilliams

Date

Daytime Phone #



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 CORPORATIO

5/3/01-90049-012-\$150.00-\$150.00

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000043710 1. Entity Name THE LEGAL TIPS GROUP, P.A. Principal Place of Business Mailing Address P.O. BOX 7231 P.O. BOX 7231 TALLAHASSEE FL 32314 TALLAHASSEE FL 32314 2. Principal Place of Business 3. Mallinn Address CONT. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable City & State 4. FEI Number *Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, KESHYA P.O. Box Number is Not Acceptable) Tenne Syll Since 800 ASHMLLE RD MONTICELLO FL 32344 8. The above named entity submits this staffment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Special by produce produce produc red apart and tile if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible-10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax \$line requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delate TITLE ☐ Char:ge ■ Addition AJTH HALAE MULE STREET ADDRESS STREET ADDRESS CITY-ST-DF CITY-ST-79 ☐ Addition ☐ Change Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ACCORESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZP CTTY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME: MME STREET ADDRESS STREET ACCORESS OTY-51-20 CITY-ST-ZIP RTLE 🗀 Delote TITLE ☐ Addition ☐ Change MAKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under certify 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.

ITED HAME OF BIOHRIG OFFICER OF DIRECTOR

SIGNATURE: