

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90349 023 ***150.00

DOCUMENT # *P00000043710*

1. Entity Name

Legal Tips, PA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Tallahassee, FL

Suite, Apt. #, etc.

1100 A E. Tennessee St.

City & State

Tallahassee, FL

Zip

32308

Country

USA

3. Mailing Address

PO Box 7231

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32314

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3704681

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Legal Tips, PA - Keshya Williams

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

1100 A E. Tennessee St.

City

Tallahassee

FL

Zip Code

32308

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*Owner
Keshya Williams
1100 A E. Tennessee St.
Tallahassee, FL 32308*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)