## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

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SIGNATURE:

with an address, with all other like

## Mar 07, 2003 8:00 am Secretary of State **DOCUMENT#** P00000073721 1. Entity Name 03-07-2003 90123 026 \*\*\*150.00 THE LEGAL FORUM, INC. Principal Place of Business Mailing Address 19672 CAROLINA CIRCLE 19672 CAROLINA CIRCLE 10032525 **BOCA RATON FL 33434** BOGA RATON FL 33434 2. Principal Place of Business 3. Mailing Addres ☐ CHECK HERE IF MAKING CHANGES City State City & State 4. FEI Number Applied For 65-1034729 Not Applicable Zip Country Country \$8.75 Additional 18 A 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMANO, R. MICHAEL Street Address (P.O. Box Number is No Acceptable) 19672 CAROLINA CIRCLE **BOCA RATON FL 33434** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE (\$ \$150.00) 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME ROMANO, ROCCO M NAME STREET ADDRESS 19672 CAROLINA CIRCLE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CR2E034 (10/02)

**FILED**