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

## P00000073744 **DOCUMENT #**

1. Entity Name

ECONOMY LEGAL SERVICES INC.



## **FILED** Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90054 001 \*\*\*150.00

			CO WE	
ODI ANDO EL 19999		Mailing Address 7205 CURRY FORD RD. ORLANDO FL 32822	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State				☐ CHECK HERE IF MAKING CHANGES
		City & State		4. FEI Number 59-3676115 Applied For
Zip 先	Country	Zíp	Country	5. Certificate of Status Desired S8.75 Additional
	6. Name and Address of Curren	Registered Agent	1	7. Name and Address of New Registered Agent
7205 S C	, alicia c Curry ford road STE 2 O FL 32822		Name Street Add	Burgos, Alicia C., dress (P.O. Bak Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga SIGNATURE		13um	registered office or reg	egistered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE	P	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, JOSE A 7205 CURRY FORD ROAD ORLANDO FL 32822	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGOS, ALICIA C 1014 VIGO AVENUE ORLANDO FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
or the carbo	ertify that the information supplied with to on this report or supplemental report is to oration or the receiver or trustee empoy or on an attachment with an address, wi	rorod to our an able 1	he exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: \_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-2076260