

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90157 031 ***150.00

DOCUMENT # P 00000075283 ✓

1. Entity Name

A SIMPLE SOLUTION-PARALEGALS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27215 MILLER RD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DADE CITY FL

City & State

Zip

33525

Country

PASCO

Country

4. FEI Number

59-3664801

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

NORMA J MEADOWS

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

27215 MILLER RD

DADE CITY

FL

Zip Code

33525

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 P/T/D
NAME NORMA J MEADOWS
STREET ADDRESS 27215 MILLER RD
CITY-ST-ZIP DADE CITY FL 33525

TITLE V/S/D
NAME SHARON WALLEN
STREET ADDRESS 5439 TOWER ST
CITY-ST-ZIP RIDGE MANOR, FL 33523

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**DO NOT WRITE
IN THIS SPACE**

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

4/23/02 813-695-1287
Date Daytime Phone #

CR2E034B (12/01)