

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000075283

FILED
Apr 30, 2003
Secretary of State

Entity Name: A SIMPLE SOLUTION-PARALEGALS, INC.

Current Principal Place of Business:

27215 MILLER RD
DADE CITY, FL 33525

New Principal Place of Business:

5439 TOWER STREET
RIDGE MANOR, FL 33523 US

Current Mailing Address:

27215 MILLER RD
DADE CITY, FL 33525

New Mailing Address:

PO BOX 2412
DADE CITY, FL 335262412 US

FEI Number: 59-3664801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, NORMA J
27215 MILLER RD
DADE CITY, FL 33525

Name and Address of New Registered Agent:

WALLEN, SHARON A
5439 TOWER STREET
RIDGE MANOR, FL 33523 US

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: SHARON A WALLEN

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD (X) Delete
Name: MEADOWS, NORMA J
Address: 27215 MILLER RD
City-St-Zip: DADE CITY, FL 33525

Title: VSD () Delete
Name: WALLEN, SHARON
Address: 5439 TOWER ST
City-St-Zip: RIDGE MANOR, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PSTD (X) Change () Addition
Name: WALLEN, SHARON A
Address: 5439 TOWER ST
City-St-Zip: RIDGE MANOR, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A WALLEN

PRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date