2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P0000076022 1. Entity Name SELECT LEGAL SUPPORT, INC. 02-06-2001 90043 014 ***150.00 Principal Place of Business Mailing Address 306 SOUTH BLVD P.O. BOX 1207 TAMPA FL 33606-2151 FT PIERCE FL 34954-1207 2. Principal Place of Business 3. Mailing Address 7605 BAYARD RD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State FELNumber 65-1032067 Applied For City & State FT. PIERCE, FLNot Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34951 ST. LUCIE Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent Name STACY L. MORAN MORAN, STACY L Street Address (P.O. Box Number is Not Acceptable) 306 SOUTH BLVD TAMPA FL 33606-2151 7605 BAYARD ROAD FT. PIERCE submits this statement/on)the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above names STACY L. MORĂN PRESIDENT SIGNATURE (NOTE: Registered Agent signature required when reinstating or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT Addition [7] Change TITLE ☐ Delete TITLE STACY L. MORAN NAME NAME STREET ADDRESS 7605 BAYARD ROAD STREET ADDRESS CITY-ST-ZIP PIERCE, FL 34951 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Change Addition TITLE Délete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 outrustee empowered/o execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if address, with all other like empowered STACY L. MORAN

PRESIDENT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: