

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90219 001 ***300.00

DOCUMENT # P01000002814

1. Entity Name
PROFESSIONAL LEGAL ASSISTANTS, INC.

Principal Place of Business

**513 E. KICKLIGHTER ROAD
 LAKE HELEN FL 32744**

Mailing Address

**513 E. KICKLIGHTER ROAD
 LAKE HELEN FL 32744**

11664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

955 Mineral Rights Rd.

Suite, Apt. #, etc.

3. Mailing Address

955 Mineral Rights Rd.

Suite, Apt. #, etc.

City & State

DeLeon Springs FL

Zip

32130

Country

USA

City & State

DeLeon Springs FL 32130

Zip

32130

Country

USA

4. FEI Number

59-3694490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FISHER, STEPHANIE

**513 E. KICKLIGHTER ROAD
 LAKE HELEN FL 32744**

7. Name and Address of New Registered Agent

Name

Stephanie Fisher Snyder

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

955 Mineral Rights Rd.

City

DeLeon Springs FL

Zip Code

32130

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

1/7/02

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **FISHER, STEPHANIE**
 STREET ADDRESS **513 E. KICKLIGHTER ROAD**
 CITY-ST-ZIP **LAKE HELEN FL 32744**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Snyder, Stephanie Fisher**
 STREET ADDRESS **955 Mineral Rights Rd.**
 CITY-ST-ZIP **DeLeon Springs, FL 32130**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)