

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000018105

1. Entity Name

THE LEGAL CONNECTION, INC.

Principal Place of Business

583 W. ROBERTS RD.
CANTONMENT FL 32533
06

Mailing Address

583 W. ROBERTS RD.
CANTONMENT FL 32533
06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CALLAGHAN, LISA
713 FERDINAND DRIVE
PENSACOLA FL 32507

4. FEI Number **59-3746819**
-0716933153

Applied For
Not Applicable

5. Certificate of Status Desired **XX** \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Callaghan, Lisa**
Street Address (P.O. Box Number is Not Acceptable)
583 W. Roberts Road
Cantonment, FL. 32533
City **Cantonment** FL Zip Code **32533**

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 *Lisa Callaghan*
Signature, typed or printed name of registered agent and title if applicable.

Lisa Callaghan

4/15/02
DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D CALLAGHAN, LISA 713 FERDINAND DRIVE PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Callaghan, Lisa 583 W. Roberts Road Cantonment, FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lisa Callaghan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Callaghan, President 4/15/02

(850) 232-2198
Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90090 015 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)