

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90071 037 ***158.75

**2003 FOR PROFIT CORPORATION
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
6708 Greenwell Street
Suite, Apt. #, etc.

3. Mailing Address
6708 Greenwell Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pensacola, Florida
Zip
32526
Country
Escambia

City & State
Pensacola, Florida
Zip
32526
Country
Escambia

4. FEI Number
59-3746819
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CALLAGHAN, LISA
583 W. ROBERTA RD.
CANTONMENT, FL 32533**

7. Name and Address of New Registered Agent

Name
Lisa Callaghan
Street Address (P.O. Box Number is Not Acceptable)
6708 Greenwell Street
City
Pensacola **FL** Zip Code
32526

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lisa Callaghan*

Lisa Callaghan

3/10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
**D
CALLAGHAN, LISA
583 W. ROBERTS RD.
CANTONMENT, FL 32533**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**D/P
Lisa Callaghan
6708 Greenwell Street
Pensacola, Florida 32526**

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa Callaghan*

Lisa Callaghan

3/10/03

(850) 525-9132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)