

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90173 030 \*\*\*150.00

**DOCUMENT # P01000066480**

**1. Entity Name**  
**LITIGATION GUIDE PUBLISHING, INC.**



**Principal Place of Business**  
**4689 HAMMOCK CIR**  
**DELRAY BCH FL 33445**

**Mailing Address**  
**4689 HAMMOCK CIR**  
**DELRAY BCH FL 33445**

**90027971**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-1120556**

**Applied For**  
**Not Applicable**

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WITES, MARC A**  
**1761 W HILLSBORO BLVD STE 403**  
**DEERFIELD BCH FL 33442**

**Name** Wites, Marc A  
**Street Address (P.O. Box Number is Not Acceptable)** 1701 W. Hillsboro Blvd, Ste 305  
**City** Deerfield Beach **FL** **Zip Code** 33442

**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** Ullant Wites / Marc A. Wites **DATE** 1/16/03

**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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME          | STREET ADDRESS      | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|---------------|---------------------|-----------------------|---------------------------------|
| PD    | WITES, MARC A | 4689 HAMMOCK CIRCLE | DELRAY BEACH FL 33445 |                                 |
|       |               |                     |                       |                                 |
|       |               |                     |                       |                                 |
|       |               |                     |                       |                                 |
|       |               |                     |                       |                                 |
|       |               |                     |                       |                                 |
|       |               |                     |                       |                                 |
|       |               |                     |                       |                                 |
|       |               |                     |                       |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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:** Ullant Wites / Marc A. Wites

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

1/16/03 954 570 8989

CR2E034 (10/02)