

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90447 009 ***150.00

0551374 AV

DOCUMENT # P01000094276

1. Entity Name
LAKE COUNTY CHAPTER OF PARALEGALS & LEGAL SECRETARIES, INC.

Principal Place of Business
1001 E AVENUE
CLERMONT FL 34711

Mailing Address
1001 E AVENUE
CLERMONT FL 34711



2. Principal Place of Business

3. Mailing Address

Post Office Box 742

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tavares, FL 32778

4. FEI Number

☒ Applied For

☐ Not Applicable

Applied for

Zip

Country

Zip

32778

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

TORRENCE, JESSICA
380 W ALFRED STREET
TAVARES FL 32778

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TORRENCE, JESSICA**
STREET ADDRESS **380 W ALFRED ST**
CITY-ST-ZIP **TAVARES FL 32778**

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

TITLE **D** ☐ Delete
NAME **COX, JANN**
STREET ADDRESS **1001 E AVE**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jessica Torrence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02
 Date

(352) 753-9696
 Daytime Phone #

CR2E034 (9/01)