

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90397 002 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000113723

1. Entity Name
NATIONAL PARALEGAL ASSISTANCE, INC.

Principal Place of Business
944 VALENCIA STREET E
LAKELAND FL 33805

Mailing Address
944 VALENCIA STREET E
LAKELAND FL 33805

2. Principal Place of Business

3. Mailing Address
P.O. Box 90103

Suite, Apt. #, etc.

Suite, Apt. #, etc.
LAKELAND, FL.

City & State

City & State

4. FEI Number

59-3757426

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

33804

Country

PO 11K

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELSON, DANIEL
944 VALENCIA STREET E
LAKELAND FL 33805

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	D KELSON, DANIEL 944 VALENCIA STREET E LAKELAND FL 33805	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel Kelson **DANIEL KELSON** 6/6/02 863-944-1780

CR2E034 (9/01)