

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90066 030 ***150.00

0009873 AT

DOCUMENT #	P01000116497
1. Entity Name	
E & S LEGAL OPERATIONS, INC.	

Principal Place of Business	Mailing Address
2965 LUCKIE RD. WESTON FL 33331	2965 LUCKIE RD. WESTON FL 33331

2. Principal Place of Business	3. Mailing Address
150 S. Pine Island Rd.	150 S. Pine Island Rd.
Suite, Apt. #, etc. Suite 320	Suite, Apt. #, etc. Suite 320

City & State	City & State
Plantation, FL	Plantation, FL
Zip	Zip
33324	33324
Country	Country

4. FEI Number	Applied For
65-1159444	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SCHWARTZ, DAVID A ESO 2965 LUCKIE RD. WESTON FL 33331

7. Name and Address of New Registered Agent
Name David A. Schwartz, Esquire
Street Address (P.O. Box Number is Not Acceptable) 150 South Pine Island Road
Suite 320
City Plantation
FL
Zip Code 33324

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 <i>David A. Schwartz</i> David A. Schwartz, Esquire (NOTE: Registered Agent signature required when reinstating)
DATE 2-25-2002

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS	
TITLE	NAME
President	David A. Schwartz
STREET ADDRESS	150 S. Pine Island Rd. #320
CITY-ST-ZIP	Plantation, FL 33324
<input type="checkbox"/> Delete	
TITLE	NAME
Vice President	Patricia S. Etkin
STREET ADDRESS	150 S. Pine Island Rd. #320
CITY-ST-ZIP	Plantation, FL 33324
<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	
<input type="checkbox"/> Change	<input checked="" 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

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: <i>David A. Schwartz</i> DAVID A. SCHWARTZ, PRESIDENT
DATE: 2-25-2002 (954) 472-0199

CR2E034 (9/01)