

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90138 005 \*\*\*150.00

**DOCUMENT # P02000006004**

**1. Entity Name**  
**PARALEGAL SOLUTIONS, INC.**



**Principal Place of Business**  
3295 PINE WALK DRIVE N  
SUITE #103  
MARGATE FL 33063

**Mailing Address**  
3295 PINE WALK DRIVE N  
SUITE #103  
MARGATE FL 33063

**2. Principal Place of Business**

8320 NW 47 Street  
Suite, Apt. #, etc.

**3. Mailing Address**

8320 NW 47 Street  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**  
Lauderhill, FL

**City & State**  
Lauderhill, FL

**4. FEI Number**  
04-3591533

**Applied For**  
☐ Not Applicable

**Zip**  
33351

**Country**  
Broward

**Zip**  
33351

**Country**  
Broward

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

KIRKLAND, RACHEL  
3295 PINE WALK DRIVE N  
SUITE #103  
MARGATE FL 33063

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

**Name**  
Rachel Kirkland  
**Street Address (P.O. Box Number is Not Acceptable)**  
8320 NW 47 Street  
**City** **FL** **Zip Code**  
Lauderhill 33351

**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** *Rachel Kirkland*

(NOTE: Registered Agent signature required when reinstating)

**DATE** 4/27/2003

**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**

<b>TITLE</b> President	<input type="checkbox"/> Delete
<b>NAME</b> Rachel Kirkland	
<b>STREET ADDRESS</b> 8320 NW 47 Street	
<b>CITY-ST-ZIP</b> Lauderhill, FL 33351	
<b>TITLE</b> Vice-President	<input type="checkbox"/> Delete
<b>NAME</b> Keith Kirkland	
<b>STREET ADDRESS</b> 8320 NW 47 Street	
<b>CITY-ST-ZIP</b> Lauderhill, FL 33351	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Rachel Kirkland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2003 (954) 895-9088

Date

Daytime Phone #

CR2E034 (10/02)