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

## P02000030301 **DOCUMENT #**

1. Entity Name

AMERICAN LEGAL CORPORATION



**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91053 006 \*\*\*158.75

Principal Place of Business 2727 SPRING PARK ROAD JACKSONVILLE FL 32207

Mailing Address 2727 SPRING PARK ROAD JACKSONVILLE FL 32207

### Section Companies For Provided Register Agent State Agent Registered Agent    Name	6. Data de et O	0.00	2 Mailing Address						
Site Apt. # 6tc.    State Apt. # 6tc.   State Apt. # 6tc.   State Apt. # 6tc.   State Apt. # Applied For   Not Applicable   N	2627	Spring Fark Road	1.0.130× 4	7591					
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Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  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, beneficially agent.  Signature, hiped or priread name of registered agent and the linguistable.  NOTE Registered Agent signature registered when remotiting)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  OUARTERO, MICHELE  CUARTERO, MICHELE  CORRESS  CITY-S1-2P  CITY S1-2P  CHARGES  CITY-S1-2P  CITY-S1-2P  CITY-S1-2P  CITY-S1-2P  CITY	3220	7 Country JAL	32247-7591			ad phr \$			
MOORE, J RICHARD JR 3127 ATLANTIC BLVD JACKSONVILLE FL 32207  City FL Zip Code  8. The above named entity submits in a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmitiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, lyped or prized name of registered lagent and title if applicable. (NOTE Registered Agent Signature required when reintalizing)  After May 1, 2003 Fee will be \$550.00  After May 1,		6. Name and Address of Current R	egistered Agent		7. Name and Address of Ne	w Registered Ag	ent		
SITER ADDRESS (P.C. Box Number is Not Acceptable)  Series Address (P.C. Box Number is Not Acceptable)  Series Address (P.C. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  City FL Zip Code  Site above and entity submits in a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent and title if applicable.  FILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAVE  SIREET ADDRESS  LOW-ST-ZP  TITLE  NAVE  GRAHAM, DARLENE  SIREET ADDRESS  DIP'-ST-ZP  TITLE  NAVE  ROSS, CRYSTAL  1335 BRETTA ST  Delete  TITLE  NAVE  SIREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32211  Delete  TITLE  NAVE  SIREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32211  Delete  TITLE  NAVE  SIREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32211  Delete  TITLE  NAVE  SIREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32211  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  Delete  TITLE  Delete  D									
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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  Signature, typed or protect name of registered agent and title if applicable.  NOTE Registered Agent dignature required when remasking)  PILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME  STREET ADDRESS  AGEN (CHOLAS CIR S STREET ADDRESS STRE			******						
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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		certify that the information supplied with t	his filing does not qualify for		Section 119.07(3)(i), Florida Statut	es. I further certif	y that the i	nformation	

indicated on this report or supplemental report is true a of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if