

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90052 018 ***150.00

04120005 AV

DOCUMENT # P02000032900

1. Entity Name
THE FLORIDA LEGAL STREET NEWS, INC.



Principal Place of Business
**515 WILDWOOD LANE E
DEERFIELD BEACH FL 33442**

Mailing Address
**515 WILDWOOD LANE E
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

7638 Sierra Junco W.

Suite, Apt. #, etc.

BOCA RATON, FL

City & State

3. Mailing Address

7638 Sierra Junco W.

Suite, Apt. #, etc.

BOCA RATON, FL

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3628238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33433

Country

Zip
33433

Country

PALE BEACH

6. Name and Address of Current Registered Agent

**BURGESS, DARLA G
515 WILDWOOD LANE E
DEERFIELD BEACH FL 33442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BURGESS, DARLA G**
STREET ADDRESS **515 WILDWOOD LANE E**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **ST** ☐ Delete
NAME **IRVIN, LINDA**
STREET ADDRESS **1284 S. MILITARY TRL. APT. 225**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

Date

561-702-5991

Daytime Phone #

CR2E034 (10/02)