

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90137 013 ***150.00

0032446
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DOCUMENT # P02000038979

1. Entity Name

LEGAL FILERS, INC



Principal Place of Business

**6387 NW 19 COURT
MARGATE FL 33063**

Mailing Address

**6387 NW 19 COURT
MARGATE FL 33063**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1700825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBIN, MINGORANCE L
6387 NW 19 COURT
MARGATE FL 33063**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **FOGAROS, DENISE L**
CITY-ST-ZIP **7440 NW 4 STREET APT #208
PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MINGORANCE, ROBIN L**
CITY-ST-ZIP **6387 NW 19 COURT
MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 of Robin Mingorance L
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-03

Date

954-969-0845

Daytime Phone #

CR2E034 (4/03)

Attachment

90148588

Legal Filers, Inc.
6387 NW 19 Court
Margate, Florida 33063
(954) 969-0845

July 30, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Document # P020000389798

Enclosed you will find the annual report for Legal Filers, Inc. For some unknown reason, we did not receive the first notice that was sent to us. As a matter of fact, the second notice I received, however, only after a neighbor brought it over to me. In checking, all the information is correct. I called your office and was informed that I could mail the second notice in with a letter explaining what happened and a check for \$150.00 which is enclosed.

If you need any further information, please do not hesitate to contact me.

Sincerely,


Robin Mingorance