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Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90144 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20028532

DOCUMENT # P02000062777

1. Entity Name
PARALEGALS OF KEY WEST, INC.

Principal Place of Business	Mailing Address
P.O. BOX 430198 BIG PINE KEY, FL 33043-0198	P.O. BOX 430198 BIG PINE KEY, FL 33043-0198

2. Principal Place of Business	3. Mailing Address
500 Fleming St	P.O. Box 430198
Suite, Apt. #, etc. ~~Key~~	Suite, Apt. #, etc.
City & State Key West, Fl.	City & State Big Pine Key, Fla
Zip 33040 / Country U.S.	Zip 33043 / Country U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2097625 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAMES, MANUEL W 500 FLEMING STREET KEY WEST, FL 33040	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's signature required when resigning) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D \ P ☐ Delete	TITLE	P \ D ☐ Change ☑ Addition
NAME	JAMES, MANUEL W	NAME	JAMES, MANUEL W
STREET ADDRESS	P.O. BOX 430198	STREET ADDRESS	P.O. BOX 430198
CITY-ST-ZIP	BIG PINE KEY, FL 330430198	CITY-ST-ZIP	BIG PINE KEY, FLA.
TITLE	D \ V.P. \ S \ T ☐ Delete	TITLE	V.P \ S \ T \ D ☐ Change ☑ Addition
NAME	JAMES, MARY	NAME	JAMES, MARY
STREET ADDRESS	P.O. BOX 430198	STREET ADDRESS	P.O. BOX 430198
CITY-ST-ZIP	BIG PINE KEY, FLA. 33043	CITY-ST-ZIP	BIG PINE KEY, FLA. 33043
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: _____ 4/2/03 305-872-9793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #