

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P16505**

1. Entity Name

PRE-PAID LEGAL SERVICES, INC.**FILED**
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90018 008 ***150.00

Principal Place of Business

Mailing Address

**321 E. MAIN STREET
ADA OK 74820****321 E. MAIN STREET
ADA OK 74820-5605****00080128**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

73-1016728

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILBURN	NAME	
STREET ADDRESS	3708 SHADOWRIDGE DR.	STREET ADDRESS	809 HAWKSBURY PARK
CITY-ST-ZIP	NORMAN OK	CITY-ST-ZIP	NORMAN, OK 73072
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, KATHRYN	NAME	
STREET ADDRESS	905 EAST LINDA	STREET ADDRESS	220 HUNTER DRIVE
CITY-ST-ZIP	ADA OK	CITY-ST-ZIP	ADA OK 74820
TITLE	VPC <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINSON, KATHLEEN SUSAN	NAME	
STREET ADDRESS	230 WILLOW POND ROAD	STREET ADDRESS	301 S. LAZY LANE
CITY-ST-ZIP	ADA OK	CITY-ST-ZIP	ADA OK 74820
TITLE	CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARP, RANDY	NAME	
STREET ADDRESS	RT. 2, BOX 89Y	STREET ADDRESS	
CITY-ST-ZIP	ADA OK	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARP, RANDY	NAME	
STREET ADDRESS	132 THOMPSON DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ADA OK	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen S. Pinson*

KATHLEEN S. PINSON

4/19/00

(580) 436-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #