

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007276

1. Entity Name

LAWFIRM SOFTWARE, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90101 031 ***158.75

Principal Place of Business

5021 ROANOKE DRIVE
HOLIDAY FL 34690-148
US

Mailing Address

5021 ROANOKE DRIVE
HOLIDAY FL 34684-1815
US

2. Principal Place of Business

2948 MACALPIN DR. W

3. Mailing Address

2948 MACALPIN DR. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3161419

Applied For

Not Applicable

Zip

34684

Country

USA

Zip

34684

Country

USA

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

WESTOVER, SHERMAN L.
5021 ROANOKE DRIVE
HOLIDAY FL 34690-2148

Name

Street Address (P.O. Box Number is Not Acceptable)

2948 MACALPIN DRIVE WEST

City

Palm Harbor

FL

Zip Code

34684

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

TITLE ☐ Delete
NAME DST
STREET ADDRESS WESTOVER, SHERMAN L.
CITY-ST-ZIP 5021 ROANOKE DRIVE
HOLIDAY FL 34690-2148

TITLE ☐ Delete
NAME DP
STREET ADDRESS WESTOVER, CATHERINE M
CITY-ST-ZIP 5021 ROANOKE DRIVE
HOLIDAY FL 34690-2148

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2948 MACALPIN DR. W
CITY-ST-ZIP Palm HARBOR, FL 34684

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2948 MACALPIN DR. W.
CITY-ST-ZIP PALM HARBOR FL 34684

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

CATHERINE M. WESTOVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000
PRESIDENT Date

727-772-6863
Daytime Phone #

CR2E034 (9/99)