

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083011

1. Entity Name

LEGAL ACTION WORKS INCORPORATED

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90050 011 ***150.00

Principal Place of Business

Mailing Address

~~515 N. FLAGLER DRIVE~~
~~900~~
~~WEST PALM BEACH FL 33401~~
US

~~515 N. FLAGLER DRIVE~~
~~900~~
~~WEST PALM BEACH FL 33401 4318~~
US

2. Principal Place of Business

3. Mailing Address

1701 Manna Isle Way

1701 Manna Isle Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

JUPITER

JUPITER

Zip

Country

Zip

Country

33477

US

33477

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARREN, PATRICIA J

~~515 N FLAGLER DR~~

~~STE 300~~

~~WEST PALM BCH FL 33401~~

Name

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

1701 Manna Isle Way # 101

City

JUPITER

FL

Zip Code

33477

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

TITLE PST
NAME WARREN, PATRICIA J
STREET ADDRESS ~~515 N. FLAGLER DRIVE, #300~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33401~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1701 Manna Isle Way # 101
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/00

561/624-6004

CR2E034 (9/99)