

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000004222

1. Entity Name

INDEPENDENT PARALEGAL SERVICES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90068 008 ***150.00

Principal Place of Business

Mailing Address

7301 TWELVE OAKS BLVD
TAMPA FL 33634

7301 TWELVE OAKS BLVD
TAMPA, FL 33614-2873

2. Principal Place of Business

3. Mailing Address

3105 W. Waters Ave.

3105 W. Waters Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 208

Suite 208

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33614

33614

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEITHLY, BARBARA
7301 TWELVE OAKS BLVD
TAMPA FL 33634

Name

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

2708 NORTH RIVERSIDE DRIVE # 304

City

TAMPA

FL

Zip Code

33602

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 Barbara Keithly

3/7/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
KEITHLY, BARBARA
7301 TWELVE OAKS BLVD
TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2780 NORTH RIVERSIDE DRIVE # 304
TAMPA, FLORIDA 33602 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Barbara Keithly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

(813) 935-4890

Daytime Phone #

CR2E034 (9/99)