

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90037 042 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000004222

1. Entity Name
INDEPENDENT PARALEGAL SERVICES, INC.

Principal Place of Business Mailing Address
3105 W WATER AVE **3105 W WATER AVE**
STE 208 **STE 208**
TAMPA FL 33614 **TAMPA FL 33614**

2. Principal Place of Business 3. Mailing Address
312 E. 124th Ave. **P.O. Box 82749**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa, FL **Tampa, FL**
 Zip Country Zip Country
33612 **Hillsborough** **33682** **Hillsborough**

4. FEI Number 59-3221266 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KEITHLY, BARBARA
2708 N RIVERSIDE DR
#304
TAMPA FL 33602

7. Name and Address of New Registered Agent
 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 Barbara Keithly DATE 1/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 2780 N RIVERSIDE DR #304 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Barbara Keithly, Pres. Date 1/3/01 Daytime Phone # (813)935-4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)