

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90173 013 ***150.00

DOCUMENT # P94000004222

1. Entity Name

INDEPENDENT PARALEGAL SERVICES, INC.

Principal Place of Business

**312 E 124TH AVE
TAMPA FL 33612**

Mailing Address

**P O BOX 82749
TAMPA FL 33682**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3221266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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
Barbara Keithly
Street Address (P.O. Box Number is Not Acceptable)
312 E. 124th Ave.
City
Tampa FL Zip Code
33612

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

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, 2002 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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9033 Cliff Lake Ln.
Tampa, FL 33614** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02 (813)935-4894

Date

Daytime Phone #

CR2E034 (9/01)