

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90127 048 ***150.00

DOCUMENT # P94000011318

1. Entity Name

LEGAL MANAGEMENT SOLUTIONS, INC.

Principal Place of Business

Mailing Address

~~1220 CREEKWOOD WAY S~~
~~JACKSONVILLE FL 32259-978~~
 US

~~1220 CREEKWOOD WAY S~~
~~JACKSONVILLE FL 32259-2878~~
 US

2. Principal Place of Business

445 SR. 13 North

3. Mailing Address

SAME AS Principal

Suite, Apt. #, etc.

Suite 26-293

Suite, Apt. #, etc.

place of business

City & State

JAX, FL

City & State

4. FEI Number

59-3224199

Applied For

Not Applicable

Zip

Country

32259-3838

USA

Zip

Country

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

TONYA, STEPHEN J

~~1220 CREEKWOOD WAY S~~
~~JACKSONVILLE FL 32259-2878~~

Name

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

445 S.R. 13 North

Suite 26-293

City

Jacksonville

FL

Zip Code

32259-3838

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.

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TONYA, STEPHEN J | | NAME | |
| STREET ADDRESS 1220 CREEKWOOD WAY S | | STREET ADDRESS | |
| CITY-ST-ZIP JACKSONVILLE FL 32259 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Tonya

Date

4/20/00

Daytime Phone #

(904) 287-0550

CR2E034 (9/99)