

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078825

1. Entity Name

LEGAL SUPPORT SERVICES, INC.

Principal Place of Business

Mailing Address

515 N FLAGLER DR #325
WEST PALM BEACH FL 33401
US

P.O. BOX 75
WEST PALM BEACH FL 33402

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

65-0546718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

EDWIN LUNSFORD, ESQ % BOOSE C ET.ET
515 N FLAGLER DR #1900
W PALM BCH FL 33401

Allen R.
ALAN TOMLINSON, Esq. do
Street Address (P.O. Box Number is Not Acceptable)
Jones, Foster, Johnston & Stubbs P.A.
505 S. Flagler Dr., Suite 1100
City West Palm Beach FL Zip Code 33401

8. The above named agent hereby certifies 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

2-15-01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, EDWARD M	
STREET ADDRESS	515 N. FLAGLER DRIVE, STE 325	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD M. SMITH

1/23/01

Date

361-833-7900

Daytime Phone #

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90190 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)