

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90054 050 ***150.00

DOCUMENT # P95000032222

1. Entity Name
UNIVERSAL LEGAL SUPPORT, INC.



Principal Place of Business

**320 STRATHMORE AVE
299
OLDSMAR, FL 34677 US**

Mailing Address

**320 STRATHMORE AVE
299
OLDSMAR, FL 34677 US**

60002325



2. Principal Place of Business - No P.O. Box #

**4025 Tampa Road
Suite, Apt. #, etc.
Suite 1205**

3. Mailing Address

**4025 Tampa Road
Suite, Apt. #, etc.
Suite 1205**

01142007 Chg-P CR2E034 (12/06)

City & State

Oldsmar, FL

City & State

Oldsmar, FL

4. FEI Number

59-3311884

Applied For

Not Applicable

Zip

34677

Country

USA

Zip

34677

Country

USA

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

**JOHNSON, MELVIN L
320 STRATHMORE AVE.
OLDSMAR, FL 34677**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **JOHNSON, CATHY**
STREET ADDRESS **320 STRATHMORE AVENUE**
CITY-ST-ZIP **OLDSMAR, FL 34677**

TITLE **V** ☒ Change ☐ Addition
NAME **Johnson, Cathy**
STREET ADDRESS **320 Strathmore Ave**
CITY-ST-ZIP **Oldsmar, FL 34677** ☐ Change ☐ Addition

TITLE **P** ☐ Delete
NAME **JOHNSON, MELVIN L**
STREET ADDRESS **320 STRATHMORE AVENUE**
CITY-ST-ZIP **OLDSMAR, FL 34677**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Brittany Johnson**
STREET ADDRESS **12709 Lexington Summit St.**
CITY-ST-ZIP **Orlando, FL 32828** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Jessica Johnson**
STREET ADDRESS **1224 Seagate Dr. #310**
CITY-ST-ZIP **Palm Harbor, FL 34685** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Melvin Johnson

1/15/07

(813) 854-1264

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #