

FILED  
Apr 16, 2003 8:00 am  
Secretary of State

04-16-2003 90232 025 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000032222

1. Entity Name

UNIVERSAL LEGAL SUPPORT, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

350 S. Figueroa Street

3. Mailing Address

P.O. Box 41-1922

Suite, Apt. #, etc.

299

Suite, Apt. #, etc.

City & State

Los Angeles, CA

City & State

Los Angeles, CA

Zip

90071

Country

USA

Zip

90041

Country

USA

4. FEI Number

59-3311884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Melvin Johnson

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

320 Strathmore Ave.

City Oldsmar

FL

Zip Code

34677

**DO NOT WRITE  
IN THIS SPACE**

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.

Melvin Johnson

January 3, 2003

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

C  
Cathy Johnson  
320 Strathmore Ave.  
Oldsmar, FL 34677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
Melvin Johnson  
320 Strathmore Ave.  
Oldsmar, FL 34677

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin Johnson

Date

Daytime Phone #

January 3, 2003

CR2E034B (12/02)