

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90112 038 ***150.00

DOCUMENT # P95000046979

1. Entity Name
**THE LEGAL MAINTENANCE ORGANIZATION OF AMERICA, I
NC.**



Principal Place of Business
**9951 ATLANTIC BLVD
STE 136
JACKSONVILLE FL 32225**

Mailing Address
**P.O. BOX 49297
JACKSONVILLE BEACH FL 32240**



2. Principal Place of Business

**9550 Regency Square Blvd
Suite 711
Jacksonville FL
32225**

3. Mailing Address

**9550 Regency Square Blvd
Suite 711
Jacksonville FL
32225**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3328075**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAYES, PETER O
9951 ATLANTIC BLVD
STE 136
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

**Peter O. Hayes
9550 Regency Square Blvd.
Suite 711
Jacksonville FL 32225**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **HAYES, PETER O**
STREET ADDRESS **9951 ATLANTIC BLVD., STE 136**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
NAME **LEWIS, GEFREY H**
STREET ADDRESS **9951 ATLANTIC BLVD, STE 136**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President - Peter O. Hayes** ☒ Change ☐ Addition
NAME **9550 Regency Square Blvd., Ste 711**
STREET ADDRESS **Jacksonville, FL 32225**
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Geoffrey H. Lewis**
STREET ADDRESS **9550 Regency Square Blvd., #711**
CITY-ST-ZIP **Jacksonville, FL 32225**

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

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

TITLE ☐ Change ☐ Addition
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 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 Block 11 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

4/8/03 (904) 723-5661

CR2E034 (10/02)