

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90159 031 \*\*\*150.00

**DOCUMENT # P95000072187**

1. Entity Name  
**LITIGATION RESOURCES, INC.**

Principal Place of Business  
~~5204 BLOOMFIELD BL~~  
~~LAKELAND FL 33810-8220~~

Mailing Address  
**P.O. BOX 16503**  
**ST. PETERSBURG FL 33733**

00000070



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1734 LAGO VISTA B1**

3. Mailing Address  
**PO Box 16503**

Suite, Apt. #, etc.

City & State  
**PALM HARBOR, FL**

City & State  
**ST PETERS, FL**

4. FEI Number **59-3333317**

Applied For  
 Not Applicable

Zip **34685** Country **PINELLAS** Zip **33733-6503** Country **PINELLAS**

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

6. Name and Address of Current Registered Agent  
**GLUGLA, MICHAEL W**  
**3140 W. CAMPBELL ROAD**  
**LAKELAND FL 33809**

7. Name and Address of New Registered Agent  
 Name **MICHAEL W GLUGLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1734 LAGO VISTA B1**  
 City **PALM HARBOR FL** Zip Code **34685**

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 Michael W. Glugla CEO MICHAEL W GLUGLA 2/2/02  
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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIUGIA, MICHAEL W</b> <b>P.O. BOX 16503</b> <b>ST. PETERSBURG FL 33733</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GIUGIA, DEBBIE J</b> <b>P.O. BOX 16503</b> <b>ST. PETERSBURG FL 33733</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MICHAEL W GLUGLA MICHAEL W GLUGLA 2/02/02 727 771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)