

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90969 024 ***150.00

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DOCUMENT # **P95000072187**

1. Entity Name
LITIGATION RESOURCES, INC.



Principal Place of Business
**1734 LANE VISTA B.
PALM HARBOR FL 34685**

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

LIQUIDATION



2. Principal Place of Business
1734 LAGO VISTA BL

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Palm Harbor FL.

City & State

4. FEI Number
59-3333317

Applied For
Not Applicable

Zip
34685

Country
U.S.

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLUGLA, MICHAEL W
1734 LANE VISTA B.
PALM HARBOR FL 34685**

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 *M. W. Glugla*
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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D**
NAME **GIUGIA, MICHAEL W**
STREET ADDRESS **P.O. BOX 16503**
CITY-ST-ZIP **ST. PETERSBURG FL 33733**

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

TITLE Delete
NAME **T**
NAME **GIUGIA, DEBBIE J**
STREET ADDRESS **P.O. BOX 16503**
CITY-ST-ZIP **ST. PETERSBURG FL 33733**

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

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 **727-771-8186**
Date Daytime Phone #

CR2E034 (10/02)