2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90471 047 ***150.00

DOCUMENT # P96000008188

1. Entity Name
LEGALCLUB.COM, INC.

Principal Place of Business	Mailing Address
1601 N. HARRISON PARKWAY BLDG A. STE 200 FORT LAUDERDALE FL 33323	1601 N. HARRISON PARKWAY BLDG A. STE 200 FORT LAUDERDALE FL 33323

B0062704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8551 W. Sunrise Blvd	8551 W. Sunrise Blvd
Suite, Apt. #, etc.: Suite 301	Suite, Apt. #, etc.: Suite 301
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33322 Country: USA	Zip: 33322 Country: USA

4. FEI Number 65-0640975 ☐ Applied For ☐ Not Applicable

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
MERL, BRETT 1601 N. HARRISON PARKWAY BLDG A, STE 200 FORT LAUDERDALE FL 33323	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.

SIGNATURE _____
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. (See criteria on back) ☐

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	PCED MERL, BRETT 10213 VESTAL COURT CORAL SPRINGS FL 33071	☐ Delete	S/T ELVIRA LAMARWEBER 22605.W. 131 Place. Miami, FL 33175	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KROUSE, JASON 1885 PALM COVE BLVD #203 DELRAY FL 33445	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFST SAMACH, MICHAEL 315 PALM BOULEVARD FORT LAUDERDALE FL 33326	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 6C _____ 4/9/02 _____ 8437702O5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)