

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031573

1. Entity Name

LEGAL EASE CORP.

Principal Place of Business
1612 HUNTINGTON PLACE
SAFETY HARBOR FL 34695
US

Mailing Address
1612 HUNTINGTON PLACE
SAFETY HARBOR FL 34695
US

2. Principal Place of Business
304 Butterwood Ln

Suite/Apt. #, etc.

3. Mailing Address
304 Butterwood Ln

Suite, Apt. #, etc.

City & State

Indigo

City & State

Indigo

Zip FL

Country 33770

Zip FL

Country 33770

4. FEI Number 59-3384566

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Name

PFRENGLE, KENNETH
1612 HUNTINGTON PLACE
SAFETY HARBOR FL 34695

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

304 Butterwood Ln

City

Indigo

FL Zip Code 33770

7. Name and Address of New Registered Agent

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, 2001 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 D
NAME PFRENGLE, KENNETH
STREET ADDRESS 1612 HUNTINGTON PLACE
CITY-ST-ZIP SAFETY HARBOR FL 34695

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

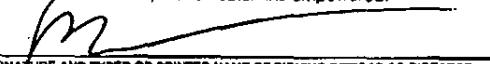
NAME

STREET ADDRESS

CITY-ST-ZIP

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2001 72758116
Data Daytime Phone #

CR2E034 (10/00)