

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90187 010 ***158.75

DOCUMENT # **P96000040481**

1. Corporation Name

LADY JUSTICE PARALEGALS, INC.

Principal Place of Business

**424 ANDERSON COURT
B
ORLANDO FL 32801
US**

Mailing Address

**424 ANDERSON COURT
B
ORLANDO FL 32801
US**

2. Principal Place of Business

21 6779 Knightswood Drive

Suite, Apt. #, etc.

22

23 Orlando, Florida

City & State

Zip Country

24 32818 25 US

2a. Mailing Address

26 6779 Knightswood Dr.

Suite, Apt. #, etc.

27

28 Orlando, Florida

City & State

Zip Country

29 32818 30 US

9. Name and Address of Current Registered Agent

**ROBINSON, MAURICE C CPA
1999 WEST COLONIAL DRIVE
ORLANDO FL 32804**

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

59-3380814

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

LESLEY A. MOSE

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

6779 KNIGHTSWOOD DRIVE

83

84 City

ORLANDO

FL

85 Zip Code

32818

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **LESLEY A. MOSE, PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when first stating)

5/1/99

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MOSE, LESLEY-ANNE**

STREET ADDRESS **6779 KNIGHTSWOOD DRIVE**

CITY-ST-ZIP **ORLANDO FL 70**

TITLE **VTD** ☐ DELETE

NAME **WILLIAMS, PATRICIA**

STREET ADDRESS **6779 KNIGHTSWOOD DRIVE**

CITY-ST-ZIP **ORLANDO FL 32818-8870**

TITLE **CMM** ☐ DELETE

NAME **COAR, GEORGE L**

STREET ADDRESS **2231 OKADA COURT**

CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **CMHR** ☒ DELETE

NAME **COAR, REGINALD E**

STREET ADDRESS **2231 OKAKA COURT**

CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

LESLEY A. MOSE, PRESIDENT 5/1/99 (407) 291-4100

Date

Daytime Phone #

CR2E034 (11/98)