

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040481

1. Entity Name

LADY JUSTICE PARALEGALS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90049 010 ***150.00

Principal Place of Business

Mailing Address

6779 KNIGHTSWOOD DR
ORLANDO FL 32818
US

6779 KNIGHTSWOOD DR
ORLANDO FL 32818-8870
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. Box 540028

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, Florida

4. FEI Number

59-3380814

Applied For

Not Applicable

Zip

Country

Zip

Country

32854-0028

US

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

MOSE, LESLEY A
6779 KNIGHTSWOOD DR
ORLANDO FL 32818

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MOSE, LESLEY-ANNE	
STREET ADDRESS	6779 KNIGHTSWOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL 70	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, PATRICIA	
STREET ADDRESS	6779 KNIGHTSWOOD DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818-8870	
TITLE	CMM	<input checked="" type="checkbox"/> Delete
NAME	COAR, GEORGE L	
STREET ADDRESS	2231 OKADA COURT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

LESLEY A MOSE

4/4/00

(407) 481-2220

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)