

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90029 021 ***150.00

0087134 AV

DOCUMENT # P96000052087

1. Entity Name

PROVIDENCE PARALEGAL SERVICES, INC.

Principal Place of Business

1950 LEE RD
 206
 WINTER PARK FL 32789
 US

Mailing Address

1950 LEE RD
 206
 WINTER PARK FL 32789
 US

2. Principal Place of Business

1950 LEE Road #206

3. Mailing Address

SAME

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

WINTER PARK, FL.

City & State

Zip

32789

Country

U.S.A

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BALUHA, GLORIA E
 478 PROVIDENCE BLVD.
 DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

~~XXXXXXXXXX~~ ERROR!
 Street Address (P.O. Box Number is Not Acceptable)
 1950 LEE RD - #206

City

~~XXXXXXXXXX~~

FL

Zip Code

32789

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

~~XXXXXXXXXX~~ ERROR

~~XXXXXXXXXX~~ ERROR.

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

TITLE PVST
 NAME SANCHEZ, GLORIA E
 STREET ADDRESS 1950 LEE RD STE 206
 CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT
 NAME SUSAN ETAYO
 STREET ADDRESS 1950 LEE Rd. #206
 CITY-ST-ZIP WINTER PARK, FL. 32789 ☐ Change ☒ Addition

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

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

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

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-02 (407) 740-4003

Date

Daytime Phone #

CR2E034 (9/01)