

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018932

1. Entity Name
LEGAL COURIER SERVICE, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90308 014 ***150.00

Principal Place of Business
3071 N. ORANGE BLOSSOM TRAIL
SUITE M
ORLANDO FL 32804

Mailing Address
3071 N. ORANGE BLOSSOM TRAIL
SUITE M
ORLANDO FL 32804



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3071 N. Orange Blossom Trl.

Suite, Apt. #, etc.

m

3. Mailing Address

3071 N. Orange Blossom Trl.

Suite, Apt. #, etc.

m

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

Country

32804

ORANGE

Zip

Country

32804

ORANGE

4. FEI Number

59-3442459

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

WATSON, TONY
3071 N. ORANGE BLOSSOM TRAIL
SUITE M
ORLANDO FL 32804

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, 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 P
NAME WATSON, TONY
STREET ADDRESS 3071 N. ORANGE BLOSSOM TRAIL, SUITE M
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

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

TITLE VST
NAME WATSON, KATINA
STREET ADDRESS 3071 N. ORANGE BLOSSOM TRAIL, SUITE M
CITY-ST-ZIP ORLANDO FL 32804 ☐ 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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01 (407) 532-9718

Date

Daytime Phone #

CR2E034 (10/00)