

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**May 11, 2001 8:00 am
Secretary of State**

05-11-2001 90113 030 ***158.75

DOCUMENT # P97000049459

1. Entity Name

~~CRYSTAL RIVER ZIP-N-SHIP INC.~~
Citrus Paralegal, Inc

Principal Place of Business

Mailing Address

609 SE SUNCOAST BLVD
CRYSTAL RIVER FL 34429

609 SE SUNCOAST BLVD
CRYSTAL RIVER FL 34429

2. Principal Place of Business

1801 NW Hwy 19

3. Mailing Address

1801 NW Hwy 19

Suite, Apt. #, etc.

Suite 211A

Suite, Apt. #, etc.

Suite 211A

City & State

Crystal River FL

City & State

Crystal River FL



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3453599**

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

~~MATHEWS, LINDA S.
609 SE SUNCOAST BLVD
CRYSTAL RIVER FL 34429~~

Name *Linda S. Mathews*

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

1801 NW Hwy 19 Suite 211A

City *Crystal River* FL Zip Code *34428*

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 *Linda S. Mathews Pres. Linda S. Mathews Pres. 4/26/01*
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 NAME STREET ADDRESS CITY-ST-ZIP	PVST MATHEWS, LINDA S 609 SE SUNCOAST BLVD CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <i>Linda S. Mathews</i> <i>1801 NW Hwy 19 Suite 211A</i> <i>Crystal River FL 34428</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Linda S. Mathews</i> <i>1801 NW Hwy 19 Suite 211A</i> <i>Crystal River FL 34428</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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: *Linda S. Mathews Pres. Linda S. Mathews Pres. 4/26/01* 352 795-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #