

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073151

1. Entity Name

LEGAL MANAGEMENT, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90033 033 ***150.00

Principal Place of Business	Mailing Address
1265 W GRANADA BLVD SUITE #1 ORMOND BEACH FL 32174 US	687 BEVILLE RD. S. DAYTONA FL 32119

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1265 W. Granada Blvd., Ste. 1
City & State	City & State Ormond Beach, FL
Zip	Country
32174	US



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3465408	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PYLE, MICHAEL A 687 BEVILLE RD. S. DAYTONA FL 32119	Name Michael A. Pyle Street Address (P.O. Box Number is Not Acceptable) 1265 W. Granada Blvd. Suite.1 City Ormond Beach FL Zip Code 32174

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 *Michael A. Pyle* (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PYLE, MICHAEL A	NAME	PYLE, MICHAEL A.
STREET ADDRESS	687 BEVILLE RD.	STREET ADDRESS	1265 W. Granada Blvd., Suite 1
CITY-ST-ZIP	S. DAYTONA FL 32119	CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILES, KAREN L	NAME	WILES, KAREN L.
STREET ADDRESS	687 BEVILLE RD.	STREET ADDRESS	1265 W. Granada Blvd., Suite 1
CITY-ST-ZIP	S. DAYTONA FL 32119	CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Michael A. Pyle* **REQUIRED** Date 4/26/00 Daytime Phone # 904 615.9007

CR2E034 (9/99)