

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90007 047 ***150.00

DOCUMENT # P97000078160

1. Entity Name

PARALEGAL SERVICES, INC.

Principal Place of Business

**1810 LONG IRON DR., STE. 303
 VIERA FL 32955**

Mailing Address

**1810 LONG IRON DR., STE. 303
 VIERA FL 32955**

2. Principal Place of Business

3923 UPMANN DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3923 UPMANN DRIVE

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

Zip
32955

Country

USA

City & State

ROCKLEDGE, FL

Zip
32955

Country

USA

4. FEI Number

59-3474916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HEUMANN, LESLIE J
 1810 LONG IRON DR., STE. 303
 VIERA FL 32955**

7. Name and Address of New Registered Agent

Name

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

3923 UPMANN DRIVE

City **ROCKLEDGE**

FL

Zip Code

32955

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

Leslie J Heumann

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/01

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

TITLE **PSTD** ☐ Delete
 NAME **HEUMANN, LESLIE J**
 STREET ADDRESS **118 S HAMPTON DR 3923 UPMANN DRIVE**
 CITY-ST-ZIP **JUPITER FL 33458 ROCKLEDGE, FL 32955**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Leslie J Heumann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

**321-609-4485
 321-639-4441**

Daytime Phone #

CR2E034 (10/00)