

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082342

1. Entity Name

LEGAL DOCUMENT SERVICES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90090 026 ***150.00

Principal Place of Business

Mailing Address

8359 WILLOWWOOD ST
ORLANDO FL 32818

8359 WILLOWWOOD ST
ORLANDO FL 06515-1531

2. Principal Place of Business

3. Mailing Address

101 BEVERLY RD

101 BEVERLY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW HAVEN CT

City & State

NEW HAVEN CT

Zip

06515

Country

USA

Zip

06515

Country

USA

4. FEI Number

59-3469794

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

MANHIRE, JOHN T JR.
8359 WILLOWWOOD ST
ORLANDO FL 32818

Name

MANHIRE, JOHN T. JR.

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

6229 WESTGATE DR.

1701

City

ORLANDO

FL

Zip Code

32835

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

1/7/00

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, 2000 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 PD ☐ Delete
NAME MANHIRE, JOHN T JR.
STREET ADDRESS 5728 MAJOR BLVD STE 240
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 101 BEVERLY RD
CITY-ST-ZIP NEW HAVEN CT 06515

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00

203-389-4837

CR2E034 (9/99)