

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087178

1. Entity Name

SECOND OPINION LEGAL SERVICES, INC.

FILED

Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90045 045 ***150.00

Principal Place of Business

201 NORTH MAGNOLIA AVENUE #100
ORLANDO FL 32801

Mailing Address

201 NORTH MAGNOLIA AVENUE #100
ORLANDO FL 32801-1826

2. Principal Place of Business

249 WOODLAKE DR.

3. Mailing Address

249 WOODLAKE DR.

Suite, Apt., etc.

MAITLAND

Suite, Apt., etc.

MAITLAND

City & State

FL

City & State

FL

Zip

32751

Country

USA

Zip

32751

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3497715

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

STUMP, GARY L
201 NORTH MAGNOLIA AVENUE #100
ORLANDO FL 32801

Name

SAME

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STUMP, GARY L
201 NORTH MAGNOLIA AVENUE #100
ORLANDO FL 32801

☐ Delete

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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 00

Date

407-425-2503

Daytime Phone #