2002 UNIFORM BUSINESS REPORT (UBR)

P97000087552

DOCUMENT #

1. Entity Name CORPORATE PARALEGAL SER	VICES, CORPORATION	
Principal Place of Business	Mailing Address	/
306 E. Bujlard PKWY.	P.O. BOX 25011	1
TAMPA X 33617	TAMBA Pb. 33622	
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1.		
2. Principal Place of Business	3. Mailing Address	+10
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	,



DO NOT WRITE IN THIS SPACE

Street Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent 8. Cerit Fill And A		h.	City & State	. II.	4. 1	NOT AF	PLICABLE	├	oplied For ot Applicable
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Street Address (P.O. Box Number is Not Acceptable) Type Cache Type		Address of Current A	legistered Agent		7. 1	Name and Address of N	ew Registered	Agent	
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Make Check Payable to Department of State	, .	., .							
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receby 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 cated 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 is corporation or the receiver or trusted sempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	THE PART OF THE PA								
e corporation or the receiver or truste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	hereby o	certify that the information supplied with to on this report or supplemental report is to	this tiling does not qualify fo true and accurate and that	or the exemption state my signature shall ha	ed in Section ave the same	119.07(3)(i), Florida State legal effect as if made un	utes. I further conder oath: that	ertify that the in I am an officer	ntormation or director
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GRANIOS - LOUSINA 4-15-700 873-985-31

GRANIOS OFFICER OR DIRECTOR

Date

Date