



FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90093 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000032080					
1. Entity Name SEVEN WISHES LEGAL CONSULTANT, INC.					
Principal Place of Business 7505 NW 137TH AVENUE MORRISTON, FL 32668			Mailing Address 7505 NW 137TH AVENUE MORRISTON, FL 32668		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3506227	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE PACANINS, ROSA ELENA 7505 NW 137TH AVENUE MORRISTON, FL 32668				7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when appointing) DATE					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	DEPACANINS, ROSA ELENA				
STREET ADDRESS	7505 NW 137TH AVENUE				
CITY-ST-ZIP	MORRISTON, FL 32668				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

90138523



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

Zs

Attachment

90138523

798000032080

Zs Accounting & Tax Services, LLC

Elizabeth Zygarlowski, E.A.
Vivien L. Swanson, E.A., ATA

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

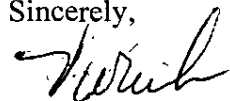
Re: Seven Wishes Legal Consultant
Rosa Elena De Pacanins

Dear Sir or Madam:

Seven Wishes did not receive a UBR form for 2003 and did not realize that she needed to file or the due date. We would ask that you excuse the late filing fee for these reasons. Enclosed is the form, which I printed online when she came to our office for a review and a check in the amount of \$150 for the filing fee.

I appreciate any consideration that you give to this matter and if you have any questions, please call me. Thank you.

Sincerely,



Vivien Swanson