2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRI

Spurlock,

Mar 06, 2001 8:00 am DOCUMENT # P98000056957 **Secretary of State** 1. Entity Name QUID PRO QUO LEGAL PLACEMENT SERVICES, INC. 03-06-2001 90304 038 ***150.00 Principal Place of Business Mailing Address 14925 DEVONSHIRE WOODS PL 14925 DEVONSHIRE WOODS PL TAMPA FL 33624 TAMPA FL 33624 R0018357 2. Principal Place of Business 3. Mailing Address <u> 19010 Avenue Bayonnes</u> 19010 Avenue Bayonnes DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3519053 Not Applicable utz, Florida Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33549 6. Name and Address of Current Registered Agent ___ 7. Name and Address of New Registered Agent Debbie C. Spurlock Street Address (P.O. Box Number is Not Acceptable) Debbie C. SPURLOCK, DEBBIE C 14925 DEVONSHIRE WOODS PL 19010 Avenue Bayonnes TAMPA FL 33624 <u>Lutz, Florida</u> Zip Code 33549 8. The above narged entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. Agent signature required when reinstating) Spurlac FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE ☐ Addition TITLE PD PD NAME NAME SPURLOCK, DEBBIE C Spurlock, Debbie C. STREET ADDRESS STREET ADDRESS 14925 DEVONSHIRE WOODS PL 19010 Avenue Bayonnes CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33624 Lutz, Florida 33549 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE? Delete TITLE ... Change ... ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.