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

## DOCUMENT # POROCOCKOST



**FILED** Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90125 027 \*\*\*150.00

Entity Name UID PRO QUO LEGAL	. PLACEMENT SERVICES, INC.	
incipal Place of Business	Mailing Address	

17617 ARCHLAND PASS ROAD

**LUTZ FL 33558** US

17617 ARCHLAND PASS ROAD

**LUTZ FL 33558** 

US

2. Principal Place of Business 3828 Windber Blvd.	3. Mailing Address 3828 Windbe	r Blud		35110 M4110 (D191 M1111 1001 1001	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	G CHANGES	
Palm Harbor, FL.	Palm Harbor, 1	= L.	4. FEI Number 59-3519053	Applied For Not Applicable	
34685 Country USA	34685 US	ntry 5 A	5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required	
Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
SPURLOCK, DEBBIE C			rlock, Debbie C	-	
17617 ARCHLAND PASS ROAD		Street Address (F	Street Addless (P.O. Box-Numiter is Not Accountable)		
LUTZ FL 33558		_			
A A		City Palm	Harbor, FL	- 34685	
8. The above named entity submits this statement to the obligations of registered agent.  SIGNATURE  Signature, typed or pringed name of registered agent agent agent.	spurlock Pres	red office or registered  Land  ed Agent signature required v	1-29	familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.   [ ]	\$5.00 May Be Added to Fees	
10. OFFICERS AND	DIRECTORS 11		ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11	
TITLE PD	☐ Delete TIT	E PD	1. k Dolohus C	Change	
NAME SPURLOCK, DEBBIE C	NA	ne Bour	lock, Debbie C. 28 Windber Blud.	<b>\</b>	
STREET ADDRESS 17617 ARCHLAND PASS ROAD	STE	EET ADDRESS 38	38 minaber Ding.	· _	
CITY-ST-ZIP ILUTZ FL 33558	CIT	Y-ST-ZIP $D_{\bullet}I$	m Hachas El 3408	<b>15</b>	

TITLE ☐ Delete TITLE ☐ Change Addition NAMĘ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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-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 executer 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

SIGNATURE:

813-265-1400