

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000071945**

1. Entity Name

TRI-COUNTY PARALEGAL SERVICES, INCORPORATED**FILED****Feb 26, 2001 8:00 am**
Secretary of State

02-26-2001 90517 023 ***150.00

Principal Place of Business

**5510 RIVER ROAD
SUITE 109
NEW PORT RICHEY FL 34652**

Mailing Address

**5510 RIVER ROAD
SUITE 109
NEW PORT RICHEY FL 34652**

2. Principal Place of Business

5510 River Rd. NPR, Fl.

Suite, Apt. #, etc.

109

City & State

New Port Richey, Fl. 34651

Zip

Country

USA

3. Mailing Address

5510 River Road, NPR Fl.

Suite, Apt. #, etc.

109

City & State

New Port Richey, Fl. 34652

Zip

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3528780**

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

**SORGMAN, FRANCIS M
3911 CEDAR WOOD DR.
HOLIDAY FL 34691**

Name

Francis M. Sorgman

Street Address (P.O. Box Number is Not Acceptable)

3911 Cedarwood Drive

City

Holiday, Fl.**FL**Zip Code
34691

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 **Francis M. Sorgman****2/20/01**

Signature, typed or printed name of registered agent and fee 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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	SORGMAN, FRANCIS M	
STREET ADDRESS	3911 CEDAR WOOD DR.	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SORGMAN, PATRICIA I	
STREET ADDRESS	3911 CEDAR WOOD DR.	
CITY-ST-ZIP	HOLIDAY FL 34691	
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"/> 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		

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:

Francis M. Sorgman**2/20/01****847-6637 (727)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)