

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080686

1. Entity Name

PARALEGAL PROFESSIONALS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90018 007 ***150.00

Principal Place of Business

1434 PON PON CT
ORLANDO FL 32825

Mailing Address

1434 PON PON CT
ORLANDO FL 32822-2760

00040104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3136 S. Semoran Blvd.

Suite, Apt. #, etc.
Unit #608

3. Mailing Address

3136 S. Semoran Blvd.

Suite, Apt. #, etc.
Unit #608

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32822

Country

USA

Zip

32822

Country

USA

4. FEI Number

59-3534385

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REID, DORTHA L
11530 LASTCHANCE RD
CLERMONT FL 34711

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if 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, 2000 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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	EDWARDS, LYNN	
STREET ADDRESS	1434 PON PON CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	REID, LORI	
STREET ADDRESS	18610 15TH AVE	
CITY-ST-ZIP	ORLANDO FL 32833	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3136 S. Semoran Blvd. #608
CITY-ST-ZIP	Orlando, Florida 32822
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	
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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: Lynn J. Edwards, President Lynn J. Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00 (407) 898-5353

Date

Daytime Phone #

177380

CR2F034 (9/99)