

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081395

1. Entity Name

DUAL LEGAL SERVICES/RECHTSHILFE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90037 036 ***150.00

Principal Place of Business

Mailing Address

2405 S. BABCOCK ST
MELBOURNE FL 32901

P.O. BOX 392
GRANT FL 32949-0392

2. Principal Place of Business

2405 S BABCOCK ST

3. Mailing Address

2405 S BABCOCK S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL 32901

City & State

MELBOURNE

4. FEI Number

59-3586415

Applied For

Not Applicable

Zip

32901

Country

FLORIDA

Zip

32901

Country

FLORIDA

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

SZCZECINNA, ANITA
1730 CYPRESS LAKE DR
GRANT FL 32949

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME SZCZECINNA, ANITA
STREET ADDRESS 1730 CYPRESS LAKES DR
CITY-ST-ZIP GRANT FL 32949 ☐ Delete

TITLE PST
NAME SZCZECINNA ANITA
STREET ADDRESS 2012 DAN COURT
CITY-ST-ZIP PALM BAY FL 32905 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Anita Szecinna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

24.5.200 321-676-0789

Daytime Phone #

CR2E034 (9/99)