FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91429 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105233 ✓

1. Entity Name
EMC PARALEGAL SERVICES, INC.

90111919

Principal Place of Business	Mailing Address
2511 NW 16TH LANE SUITE 5 POMPANO BEACH, FL 33064	P.O BOX 2051 POMPANO BEACH, FL 33061

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5591 N. Winston Park Blvd.	P.O. Box 2051
Suite, Apt. #, etc. 207	Suite, Apt. #, etc.
City & State Coconut Creek FL	City & State Pompano Bch FL
Zip 33073 Country USA	Zip 33061 Country USA

4. FEI Number 65-0884320 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, ELLEN M
2511 NW 16TH LANE
SUITE 5
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name Ellen M. Clark
Street Address (P.O. Box Number Is Not Acceptable) 5591 N. Winston Park Blvd #207
City Coconut Creek FL Zip Code 33073

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☑ Change ☐ Addition
NAME	CLARK, ELLEN M		NAME	Ellen M. CLARK	
STREET ADDRESS	~~2511 NW 16TH LANE STE 5~~		STREET ADDRESS	5591 N. Winston Park Blvd #207	
CITY-ST-ZIP	~~POMPANO BEACH, FL 33064~~		CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 receiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/11/03 954-461-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #