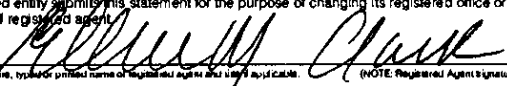
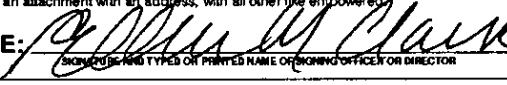


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91429 032 ***150.00

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

DOCUMENT # P98000105233			
1. Entity Name EMC PARALEGAL SERVICES, INC.			
Principal Place of Business 2511 NW 16TH LANE SUITE 5 POMPANO BEACH, FL 33064		Mailing Address P.O BOX 2051 POMPANO BEACH, FL 33061	
2. Principal Place of Business 5591 N. Winston Park Blvd		3. Mailing Address P.O. Box 2051	
Suite, Apt. #, etc. 207		Suite, Apt. #, etc.	
City & State Coconut Creek FL		City & State Pompano Beach 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 		DATE 4/11/03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$850.00 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	
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	
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)(1), 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 		DATE 4/11/03	Daytime Phone # 954-461-7161

90111919



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)