

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90172 030 \*\*\*150.00

**DOCUMENT # P99000017481**

1. Entity Name  
FLORIDA LEGAL GROUP, P.A.



Principal Place of Business  
538 VIRGINIA DRIVE  
ORLANDO FL 32803  
US

Mailing Address  
PO BOX 1058  
ORLANDO FL 32801  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1058

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

Zip

Country

Zip

Country

32802-1058

4. FEI Number 59-3643955

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

MOSS, THOMAS P  
538 VIRGINIA DRIVE  
ORLANDO FL 32803

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

SIGNATURE

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

TITLE	TDVD	<input type="checkbox"/> Delete
NAME	MOSS, THOMAS P	
STREET ADDRESS	538 VIRGINIA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	TDVD	<input type="checkbox"/> Delete
NAME	DAVIS, BRADLEY J	
STREET ADDRESS	538 VIRGINIA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32803	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP, T. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, Thomas P.	
STREET ADDRESS	538 Virginia Drive	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE	P, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BRADLEY J.	
STREET ADDRESS	538 Virginia Drive	
CITY-ST-ZIP	Orlando, FL 32803	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

4078987075

Date

Daytime Phone #

CR2E034 (10/02)