

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90053 049 ***150.00

DOCUMENT # P99000050366

1. Entity Name

FAMILY PARALEGAL SERVICES, INC.

Principal Place of Business

Mailing Address

2110 SYLVESTER ROAD
LAKELAND FL 33803

2110 SYLVESTER ROAD
LAKELAND FL 33803

2. Principal Place of Business

4406 S. FL AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 22E

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

4. FEI Number **59-3589908**

☒ Applied For
☐ Not Applicable

Zip

33813

Country

USA

Zip

Country

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

DOUGLAS, CATHERINE A
2110 SYLVESTER ROAD
LAKELAND FL 33803

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

Catherine A. Douglas
Signature, typed or printed name of registered agent and title, if applicable.

Catherine A. Douglas President
(NOTE: Registered Agent signature required when changing)

DATE

4/26/01

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, 2001 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 ☐ Delete
NAME **P**
STREET ADDRESS **DOUGLAS, CATHERINE A**
CITY-ST-ZIP **1668 CRYSTAL PARK CR.**
LAKELAND FL 33801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Catherine A. Douglas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 (863) 1646-9091

CR2E034 (10/00)