

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91316 024 ***150.00

DOCUMENT # P99000062282

1. Entity Name
DIVERSIFIED PARALEGAL SERVICES, INC.

| | |
|--|--|
| Principal Place of Business P. O. BOX 2871 TAMPA FL 33601 | Mailing Address P. O. BOX 2871 TAMPA FL 33601 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 59-3583763 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| AUSTIN, ROBERT M 1902 N. CASS ST. TAMPA FL 33606 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | State 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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD COMBS, CHARLOTTE P. O. BOX 2871 TAMPA FL 33601 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD RIO, MICHELLE 746 GASPARINO CT. SEFFNER FL 33584 <input type="checkbox"/> Delete | Rio, Michelle P.O. Box 6611 Seffner, FL 33583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Charlotte Combs **Charlotte Combs** 4/30/01 (403) 685-5008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)