

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000077375

1. Entity Name
LAWSERV, CHARTERED



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -9 PM 12:57

Principal Place of Business
8236 COUNTRY OAKS CT
SARASOTA, FL 34243

Mailing Address
8236 COUNTRY OAKS CT
SARASOTA, FL 34243



2. Principal Place of Business
100 main Street
Suite, Apt. #, etc.
Ste. 100

3. Mailing Address
100 Main Street
Suite, Apt. #, etc.
Ste. 100

11032004 Chg-P CR2E034 (10/03)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-0947935

Applied For
Not Applicable

Zip 34237 Country Sarasota

Zip 34237 Country Sarasota

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

6. Name and Address of Current Registered Agent

SPARK, ANDREW B
626 RENAISSANCE PTE
#109
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name Friedland, Ralph h.
Street Address (P.O. Box Number is Not Acceptable)
2033 Main St.
Ste. 100
City Sarasota FL Zip Code 34237

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 *Ralph h. Friedland*
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE 11/4/04

Amended AR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SPARK, ANDREW B ☒ Delete
STREET ADDRESS 626 RENAISSANCE PTE., #109
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director ☒ Change ☐ Addition
NAME Ralph h. Friedland
STREET ADDRESS 2033 Main St., Ste 100
CITY-ST-ZIP Sarasota, FL 34237

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

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

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TITLE ☐ Change ☐ 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: *Ralph h. Friedland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(941) 365-1980