

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105465

1. Entity Name

PARALEGALSOLUTIONS U.S.A., INC.

Principal Place of Business

6289 W SUNRISE BLVD
STE 114
SUNRISE FL 33313

Mailing Address

6289 W SUNRISE BLVD
STE 114
SUNRISE FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEI Number

65-0964903

Applied For

Not Applicable

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

GARDNER, IAN
6289 W SUNRISE BLVD
STE 114
SUNRISE FL 33313

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

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

(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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 D ☐ Delete
NAME GARDNER, IAN
STREET ADDRESS 6289 W SUNRISE BLVD., STE 114
CITY-ST-ZIP SUNRISE FL 33313

TITLE P.S.D. ☒ Change ☐ Addition
NAME IAN GARDNER
STREET ADDRESS 6289 W. Sunrise BL. #114
CITY-ST-ZIP SUNRISE FL. 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

02 JUN 12 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

June 6, 2002

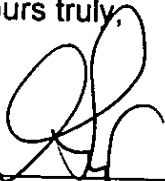
TO: Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

ATTN: UBR

To Whom It May Concern:

Please excuse my delay in forwarding these returns. The excusable neglect was due to a change in bookkeepers and only today did we realize that the previous bookkeeper did not forward the returns as required. We only realized this after going through the desk, as we did not receive any follow-up notices. Please accept my apologies and my seven (7) filings.

Thanking you,
Yours truly,



Ian Gardner
6289 W. Sunrise Blvd. Suite 114
Sunrise, FL 33313
(954) 581-9659