

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108871

1. Entity Name

CENTRAL FLORIDA PARALEGAL, INC.

Principal Place of Business

Mailing Address

1508 DUANE PALMER BLVD
SEBRING FL 33870

1508 DUANE PALMER BLVD
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UHRIG, CHERYL K
1508 DUANE PALMER BLVD
SEBRING FL 33870

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 file 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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
UHRIG, CHERYL K
1508 DUANE PALMER BLVD
SEBRING FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

4/27/00

863-655-0388

FILED

01 FEB 26 AM 10:48

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

5/17/00 909081031 \$150.00
00-01 UBR

DO NOT WRITE IN THIS SPACE

4. FEI Number See attached

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

CR2E034 (9/99)

2003

-2001

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108871

1. Entity Name

CENTRAL FLORIDA PARALEGAL, INC.

Principal Place of Business		Mailing Address	
1508 DUANE PALMER BLVD SEBRING FL 33870 <i>5116 Regency Dr. Sebring, FL 33870</i>		1508 DUANE PALMER BLVD SEBRING FL 33870 <i>5116 Regency Dr. Sebring, FL 33870</i>	
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 <i>65-0976229</i>	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
UHRIG, CHERYL K 1508 DUANE PALMER BLVD SEBRING FL 33870	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 *Cheryl K. Urig* (NOTE: Registered Agent signature required when reinstating) DATE *4/27/00*

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, 2000 Fee will be \$250.00 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	D UHRIG, CHERYL K 1508 DUANE PALMER BLVD SEBRING FL 33870 <i>5116 Regency Dr. Sebring, FL 33870</i> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS <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
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
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

303

Central Florida Paralegal, Inc.

5116 Regency Drive
Sebring, FL 33870
863 655-0388
ckuhrig@strato.net

February 19, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Central Florida Paralegal, Inc.
FEI Number - 65-0976229

Gentlemen:

Please be advised that I just recently discovered through the internet, that the above mentioned corporation has been administratively dissolved. I spoke with Michelle, one of your representatives, indicating that I had filed the 2000 Uniform Business Report (UBR) paid the necessary fee and had a copy of my cancelled check. She indicated to me that the corporation was dissolved because block 4 of the 2000 Uniform Business Report (UBR) was not completed. I am enclosing a copy of that form and a copy of my check for your review.

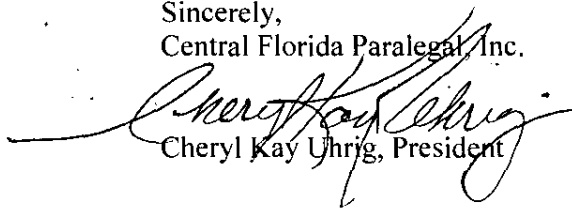
Michelle further told me that I should have received a Rejection Letter notifying me that there was a deficiency on the UBR form. I indicated to her that I have never received anything, nor did I ever receive any notification whatsoever that the corporation was to be administratively dissolved.

I would request that you please review this matter and that the reinstatement fee be waived and my corporation be reinstated. Additionally, I am enclosing another copy of the 2000 Uniform Business Report (UBR) which I have amended to include 2001, and my check for \$150.00.

Should you have any questions, please do not hesitate to contact me.

Thank you in advance for your attention and cooperation in this matter.

Sincerely,
Central Florida Paralegal, Inc.


Cheryl Kay Uhrig, President

:cku

Enclosures (as stated)