

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

0871153 AB

04-09-2003 90116 003 \*\*\*150.00

**DOCUMENT # F96000002088**

1. Entity Name  
**LEGACY FINANCIAL SERVICES, INC.**



Principal Place of Business  
**1179 NORTH MCDOWELL BLVD  
BOX 6030  
PETALUMA CA 94954**

Mailing Address  
**1179 NORTH MCDOWELL BLVD  
BOX 6030  
PETALUMA CA 94954**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **68-0355649**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTS, R. PRESTON 1179 N MCDOWELL STE C PETALUMA CA 94955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS QVISTGAARD II, LARRY L 1179 N MCDOWELL STE C PETALUMA CA 94955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REGAN, LYNDAL 1179 N MCDOWELL BLVD STE C PETALUMA CA 94955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT TAYLOR, C. STEVEN 1179 N MCDOWELL BLVD STE C PETALUMA CA 94955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO HRABIK, WILLIAM 1179 N. MCDOWELL BLVD, STE C BOX 6030 PETALUMA CA 94955-6030	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R Preston Pitts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 707-778-8638  
Date Daytime Phone #

CR2E034 (10/02)

Attachment#

800 75 748  
F-96000002088

Legacy Financial Services, Inc.  
Officers and Directors

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
R. Preston Pitts	President/ Director	PO Box 6030 2090 Marina Ave. Petaluma, CA 94954-6030
Larry L. Qvistgaard, II	Vice President/ Secretary	PO Box 6030 2090 Marina Ave. Petaluma, CA 94954-6030
G. Steven Taylor	Treasurer/ CFO	PO Box 6030 2090 Marina Ave. <del>Petaluma, CA 94954-6030</del>
Lynda L. Regan	Director	PO Box 6030 2090 Marina Ave. Petaluma, CA 94954-6030