2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT #. P0000092679 LEGEND CUSTOM BUILDERS, INC. 01-30-2001 90088 004 ***150.00 Principal Place of Business Mailing Address PO BOX 07388 PO BOX 07388 FT. MYERS FL 33919 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 465-1044948 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Smart Gerald HOLLIER, GREGORY E 138 SE 10TH TERRACE CAPE CORAL FL 33990 Ft Myers, Florida 33907 City Zip Code FL 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Gerald Smart **SIGNATURE** of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE.IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President/Treasurer TITLE **X**Change ☐ Addition TITLE ☐ Delete ANDERSEN, SCOTT Scott C. Andersen NAME NAME PO BOX 07388 STREET ADDRESS STREET ADDRESS P.O. Box 07388 CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIP Ftw Myers, Florida 33919 Vice President/Secretary Delete Change Addition TITLE TITLE HOLLIER, GREGORY Joyce A. Nemitz NAME NAME PO BOX 07388 STREET ADDRESS STREET ADDRESS 18440 Phlox Drive FT. MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP Ft Myers, Florida 33912 TITLE ☐ Delete TITLE Change ☐ Addition NEMITZ, JOYCE A NAME NAME PO BOX 07388 STREET ADDRESS STREET ADDRESS FT. MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS 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.

Scott C. Andersen

1/17/01