

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000092679

FILED
Feb 25, 2002 8:00 AM
Secretary of State

Entity Name: LEGEND CUSTOM BUILDERS, INC.

Current Principal Place of Business:

14 DEL PARDO BLVD NORTH
#201
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

14 DEL PARDO BLVD NORTH
#201
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-1044948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMART, GERALD
12734 KENWOOD LANE, #49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ANDERSEN, SCOTT C
Address: PO BOX 07388
City-St-Zip: FT. MYERS, FL 33919

Title: VS () Delete
Name: NEMITZ, JOYCE A
Address: 18440 PHLOX DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VS (X) Change () Addition
Name: DAVIS, CHARLES
Address: 3755 EAST 82ND ST.
City-St-Zip: INDIANAPOLIS, IN 46240

Title: SECT () Change (X) Addition
Name: DRIVER, LINDA C
Address: 1761 FOUR MILE COVE PKWY.
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. DRIVER

SECT

02/25/2002

Electronic Signature of Signing Officer or Director

_____ Date