

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90257 015 ***150.00

DOCUMENT # 334476

1. Entity Name
LEGACY SYSTEMS, INC.

Principal Place of Business
C/O WILLIE C. MOSS
5025 SOUTH ORANGE AVENUE
ORLANDO FL 32809

Mailing Address
C/O WILLIE C. MOSS
5025 SOUTH ORANGE AVENUE
ORLANDO FL 32809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1221153**

Applied For
 Not Applicable

Zip Country

Zip Country

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

MOSS, WILLIE C
5025 SOUTH ORANGE AVENUE
ORLANDO FL 32809

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

Willie C. Moss

4-12-02

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	P	<input type="checkbox"/> Delete
NAME	MOSS, RONALD G	
STREET ADDRESS	5025 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOSS, DIANA J.	
STREET ADDRESS	5025 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	BARTON, STEVEN S	
STREET ADDRESS	5025 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, JAMES W	
STREET ADDRESS	5025 SO ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/20/02

Date

Daytime Phone #

407-859-3783

CR2E034 (9/01)