

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90285 004 ***150.00

DOCUMENT # P00000006577

1. Entity Name

LEGEND INVESTMENTS, INC.

Principal Place of Business

**7961 NORMANDY BLVD., STE. 101
 JACKSONVILLE FL 32221**

Mailing Address

**7961 NORMANDY BLVD., STE. 101
 JACKSONVILLE FL 32221**

80037697



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**W404 Veterans Ave
 Suite, Apt. #, etc.**

3. Mailing Address

**W404 Veterans Ave
 Suite, Apt. #, etc.**

City & State

Sherwood WS

City & State

Sherwood WS

4. FEI Number

59-3545353

Applied For

Not Applicable

Zip

Country

32169 Calumet

Zip

Country

32169 Calumet

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BUSCH, DAVID J
 7961 NORMANDY BLVD., STE. 101
 JACKSONVILLE FL 32221**

7. Name and Address of New Registered Agent

Name

Heidi Tetreault

Street Address (P.O. Box Number is Not Acceptable)

920 N. Grant Street

City

Longwood

FL

Zip Code

32750

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 **Heidi Tetreault**

4/3/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

TITLE **P**
 NAME **Dario J Busch** ☐ Delete
 STREET ADDRESS **W404 Veterans Ave**
 CITY-ST-ZIP **Sherwood WS 32169**

TITLE **VP**
 NAME **Deborah Busch** ☐ Delete
 STREET ADDRESS **W404 Veterans Ave**
 CITY-ST-ZIP **Sherwood WS 32169**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
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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: **Deborah Busch**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 920-989-3868
 Date Daytime Phone #

CP2E034 (10/00)