

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92202 021 ***150.00

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DOCUMENT # P00000087821

1. Entity Name
LEGG FINANCIAL GROUP, INC.



Principal Place of Business
6430 MADISON STREET
NEW PORT RICHEY FL 34652

Mailing Address
6430 MADISON STREET
NEW PORT RICHEY FL 34652



2. Principal Place of Business

6430 Madison ST

Suite, Apt. #, etc.

3. Mailing Address

6430 Madison ST.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34652

Country

PASCO

Zip

34652

Country

PASCO

4. FEI Number 59-3671317

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

~~RAUB, DONNA~~ ~~Rabe~~ Rabe Legg
6430 MADISON STREET
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name Rabe Legg
Street Address (P.O. Box Number is Not Acceptable)
6430 Madison ST.
City New Port Richey FL Zip Code 34652

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 DONNA RAUB Resigned; I Rabe Legg, am the owner
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE PST
NAME LEGG, THOMAS R
STREET ADDRESS 6430 MADISON STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)