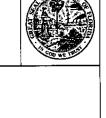
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000037885 **DOCUMENT #**

1. Entity Name

LEGACY PLANNERS, P.A.



FILED Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90008 011 ***150.00

Principal Place of Business 341 N MAITLAND AVE ST 250 MAITLAND FL 32751			Mailing Address 341 N MAITLAND AVE ST 250 MAITLAND FL 32751									
2. Principal Place of Business			3. Mailing Address					[150 151	.HI	19881 18181 I	ANDI DIN LODI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City i	& State			4. F	F0-2710007			pplied For at Applicable	
Zip		Country Zip		Coun	Country					8.75 Additional ee Required		
	6. Name	and Address of Current	Registere	d Agent	l		7. N	lame and Address of New Regi	stered Ag	ent		
						Name						
	JAMES B J H MAITLAN					Street Address (P.O. Box Number is Not Acceptable)						
STE 250												
MAITLAND	FL 32751					City FL Zip Code						
	named entity ions of registe		r the purpo	ose of changing its	register	ed office or regi	stered age	ent, or both, in the State of Florid.	a. I am fan	niliar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if appl	icable. (NOTI	E: Registere	d Agent signature req	uired when re	einstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 5 Florida Department of	State					Election Campaign Finan Trust Fund Contribution.		Added	00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JAMES B JR TLAND AVE, STE 250 FL 32751		☐ Delete					[□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					[Change	Addition	
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12. I hereby indicated of the corchanged	certify that the don this repor rporation or the or on an atta	e information supplied with rt or supplemental report is ne receiver or trustee emp achment with an address?	n this filing is true and owered to with all oth	does not qualify fo accurate and that i execute this report er like empowered	or the exemple as required.	emption stated in ture shall have ired by Chapter	n Section the same 607, Flori	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oat ida Statutes; and that my name a	rther certify h; that I am ppears in E	y that the i an officer Block 10 o	nformation or director r Block 11 if	

SIGNATURE: