

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAY -7 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090625
1. Entity Name
Legacy Realty & Management Group, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2203-3 Dunn Ave
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip
32218 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-3584682 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Karen Smiley
Street Address (P.O. Box Number is Not Acceptable)
11756 Cherry Bark DR. E.
City Jacksonville FL Zip Code 32218

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | Karen Smiley 11756 Cherry Bark Dr E. Jacksonville FL 32218 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE T | Margie Shannen 443 Sunset Jacksonville FL 32218 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800005482198--0 -05/07/02--01069--006 ****150.00 ****150.00 |
| TITLE S | Barbara M. GRIFF 11756 Cherry Bark Dr E Jacksonville FL 32218 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE V | Johnny Smiley 11756 Cherry Bark Dr E Jacksonville FL 32218 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Smiley - Pres. 5-1-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)