

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90214 001 ***150.00

DOCUMENT # P02000005217

1. Entity Name

MICHAEL P. LEGRANDE, INC.



Principal Place of Business

**5804 SW 117TH TERR
COOPER CITY FL 33330**

Mailing Address

**5804 SW 117TH TERR
COOPER CITY FL 33330**

2. Principal Place of Business

5722 South Flamingo Rd.

3. Mailing Address

5722 South Flamingo Road

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

310

City & State

Cooper City, Florida

City & State

Cooper City, Florida

Zip

33330

Country

U.S.

Zip

33330

Country

U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

80 0007590

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEGRANDE, MICHAEL P

**5804 SW 117TH TERR
COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

Name

Michael P. LeGrande

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

10770 Ramona Street

City

Cooper City

FL

Zip Code

33026

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
LEGRANDE, MICHAEL P
5804 SW 117TH TERR
COOPER CITY FL 33330**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 R MICHAEL P. LeGrande**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 **(954) 252-0444**
Date Daytime Phone #

CR2E034 (10/02)