


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90378 021 ***158.75

001128 AT

DOCUMENT # P03000000237	
1. Entity Name LEGACY CAPITAL TRADING COMPANY, INC.	

Principal Place of Business 6720 LONE OAK BLVD. NAPLES FL 34109	Mailing Address 6720 LONE OAK BLVD. NAPLES FL 34109
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2. Principal Place of Business 6720 Lone Oak Blvd Suite, Apt. #, etc.	3. Mailing Address 6720 Lone Oak Blvd. Suite, Apt. #, etc.
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City & State Naples, FL	City & State Naples, FL
Zip 34109	Country USA

4. FEI Number 11-3670229	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent LLORCA, SANDRA P 6720 LONE OAK BLVD. NAPLES FL 34109
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7. Name and Address of New Registered Agent Name: James Zengas Street Address (P.O. Box Number is Not Acceptable): 700 2nd AVE N Ste 102 City: Naples FL Zip Code: 34102

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 <i>Sandra Llorca</i>	DATE 2/5/03

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P LLORCA, SANDRA P 6720 LONE OAK BLVD. NAPLES FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: <i>Sandra Llorca</i>	SIGNATURE REQUIRED	DATE 2/5/03	Daytime Phone #
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CR2E034 (10/02)