

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90068 014 ***550.00

DOCUMENT # P93000037459

1. Entity Name
LEGACY PERSONNEL GROUP, INC.

Principal Place of Business

**6700 N ANDREWS AVE
102
FORT LAUDERDALE FL 33309
US**

Mailing Address

**6700 N ANDREWS AVE
102
FORT LAUDERDALE FL 33309
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0410602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TALCOTT, LELAND H
6700 N ANDREWS AVE
STE 102
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

**FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CEO	FAUSONE, VALERIE TALCOTT	17689 N FIELDBROOK CIRCLE	BOCA RATON FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
CFO	TALCOTT, PATIENCE	17689 N. FIELDBROOK CIRCLE	BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
COOS	TALCOTT, LELAND	2082 BONNIE ST	BOCA RATON FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

CR2E034 (4/02)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-4-02

954-491-6411