

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002087

1. Entity Name

LEGEND CONTRACTING, INC.

Principal Place of Business

8300 S. ROCK PT.  
FLORAL CITY FL 34436  
US

Mailing Address

8300 S. ROCK PT.  
FLORAL CITY FL 34436  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3296228

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIESNER, ERIC  
6770 SOUTH SHADY VIEW POINT  
FLORAL CITY FL 34436

Name - ERIC WIESNER  
Street Address (P.O. Box Number is Not Acceptable)  
8300 S. ROCK PT.  
FLORAL CITY  
City FL Zip Code 34436

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

*Eric Wiesner*

ERIC WIESNER

9/11/00

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, 2000 Min. 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	D	<input type="checkbox"/> Delete
NAME	WIESNER, ERIC	
STREET ADDRESS	8300 S. ROCK PT.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIESNER, CINDY	
STREET ADDRESS	8300 S. ROCK PT.	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Eric Wiesner*

REQUIRE PRES. ERIC WIESNER

9/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 12, 2000 8:00 am  
Secretary of State

09-12-2000 90152 020 \*\*\*555.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)