

# ANNUAL REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90002 041 \*\*\*\*15.00  
 03-31-2002 90359 024 \*\*\*143.75



DO NOT WRITE IN THIS SPACE

Entity Name <b>LEGENDARY MOTORCARS AND COACHWORKS, INC.</b>		Entity # <b>P95000006377</b>	
Principal Place of Business <b>671 BUSINESS PARK BLVD                  SUITE 4                  WINTER GARDEN FL 34787                  US</b>		Mailing Address <b>671 BUSINESS PARK BLVD                  SUITE 4                  WINTER GARDEN FL 34787                  US</b>	
2. Principal Place of Business <b>130 N.W. Crown Pt Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>130 N.W. Crown Point Rd</b> Suite, Apt. #, etc.	
City & State <b>Winter Garden, Florida</b>		City & State <b>Winter Garden, FL</b>	
Zip <b>34787</b>		Zip <b>34787</b>	
Country <b>Orange</b>		Country <b>USA</b>	
4. FEI Number <b>59-3292800</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ASMA, WILLIAM N ESO.                  888 S. DILLARD ST.                  WINTER GARDEN FL 34787</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. SIGNATURE <i>[Signature]</i> DATE <b>1/30/02</b> <small>Sign the typed or printed name of registered agent and file applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP GONZALEZ, ELOY 117 OLYMPUS DRIVE OC00EE FL 34781	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GONZALEZ, GAYE P 117 OLYMPUS DRIVE OC00EE FL 34781	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: <b>1/30/02</b>	

CR2004 (9/01)