

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90157 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000039099

1. Entity Name
LEGUMES, INC.



Principal Place of Business
**5370 W COLONIAL DR
ORLANDO, FL 32808 US**

Mailing Address
**P.O. BOX 1969
WINDERMERE, FL 34786**

2. Principal Place of Business
12101 CRESCENT COVE CT.

3. Mailing Address
12101 CRESCENT COVE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WINDERMERE, FL

City & State
WINDERMERE, FL

Zip
34786

Country
ORANGE

Zip
34786

Country
ORANGE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3319920

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVERS, JOHNNY
42401 CRESCENT COVE COURT
SUITE 1402
WINDERMERE, FL 34786**

7. Name and Address of New Registered Agent

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

215 NORTH EOLA DRIVE

City **ORLANDO** FL Zip Code
32801

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

Jacqueline Bozzuto
JACQUELINE BOZZUTO

(NOTE: Registered Agent's signature required when reinstating)

4/08/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	RIVERS, JOHNNY	12101 CRESCENT COVE COURT	WINDERMERE, FL 34786	

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.

SIGNATURE:

JOHNNY RIVERS, DIRECTOR

2/12/03

(407) 648-0079

Date Daytime Phone #

CR2E034 (10/02)