

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90233 050 ***150.00

DOCUMENT # P96000015233

1. Entity Name

LEGENDS MARKETING GROUP, INC.

Principal Place of Business

4930 HIDDEN OAKS TRAIL
SARASOTA FL 34232
US

Mailing Address

2831 RINGLING BLVD.
SUITE 217-E
SARASOTA FL 34237

2. Principal Place of Business

4932 Hidden OAKS TRAIL
Suite, Apt. #, etc.

3. Mailing Address

4932 Hidden OAKS TRAIL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3365740

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

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

SCHMOYER, BARRY E
2831 RINGLING BLVD.
SUITE 217-E
SARASOTA FL 34237

Name

BARRY E. SCHMOYER

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

4932 Hidden OAKS TRAIL

City

SARASOTA

FL

Zip Code

34237

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 BARRY E. SCHMOYER

Signature, typed or printed name of registered agent and title if applicable.

(Not Applicable. Registered Agent signature required when re-appointing)

DATE

4/17/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☒ Delete
NAME D
STREET ADDRESS SCHMOYER, BARRY E
CITY-ST-ZIP 2831 RINGLING BLVD., SUITE 217-E
SARASOTA FL 34237

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS SCHMOYER, BARRY E.
CITY-ST-ZIP 4932 Hidden OAKS TRAIL
SARASOTA, FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY SCHMOYER 4/10/01 941953

Date

Daytime Phone #

4447

CR2E034 (10/00)