

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90133 025 ***150.00

DOCUMENT # P96000082184

1. Entity Name
LEGENDARY STORAGE, INC.

Principal Place of Business Mailing Address
 385 HIGHWAY 98 STE 60 385 HIGHWAY 98 STE 60
 DESTIN FL 32541 DESTIN FL 32541-2351

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE FL 32207

4. FEI Number Applied For
59-3403869 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

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 \$150.00**
After MAY 1, 2000 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		
TITLE	DP	<input type="checkbox"/> Delete
NAME	BOS, PETER H	
STREET ADDRESS	385 HWY 98 E STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CLAUSON, GREG	
STREET ADDRESS	385 HWY 98 E, 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LORENZEN, DWIGHT	
STREET ADDRESS	385 HWY 98E, 60	
CITY-ST-ZIP	DESTIN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARKER, WENDY	
STREET ADDRESS	385 HWY 98 E, 60	
CITY-ST-ZIP	DESTIN FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BURKE, GAIL	
STREET ADDRESS	385 HWY 98 E STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BUSFIELD, DAVID A	
STREET ADDRESS	385 HIGHWAY 98E, STE 60	
CITY-ST-ZIP	DESTIN FL 32541	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEGLER, MITCHELL W	
STREET ADDRESS	385 HWY 98E, STE 60	
CITY-ST-ZIP	DESTIN, FL 32541	
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		
STREET ADDRESS		
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: *[Signature]* **4/28/00** **850-654-6500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)