FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91166 033 ***150.00

DOCUMENT # P96000104060

1. Entity Name
LEGACY FARM LTD INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 19536 Crescent Rd
Suite, Apt. #, etc.
City & State: Odessa, FL
Zip: 33556 Country: USA

3. Mailing Address: 19538 Crescent Rd
Suite, Apt. #, etc.
City & State: Odessa, Fl
Zip: 33556 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650719098 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name & Address
RAPHAEL, R. TERRY
18728 WIMBLEDON CIRCLE
LUTZ FL 33556

FL 33556

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: R. Terry Raphael (signature) — 4/30/00
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	R. Terry Raphael 19538 Crescent Road Odessa, FL 33556	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: R. Terry Raphael (signature) — 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #