

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90133 047 \*\*\*158.75

DOCUMENT # **P98000013406**

1. Entity Name  
**G.T. LEGACY, INC.**



Principal Place of Business  
**1628 SE 6TH ST.  
CAPE CORAL FL 33990**

Mailing Address  
**1628 SE 6TH ST.  
CAPE CORAL FL 33990**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2121 S.E. 2ND TERRACE**  
Suite, Apt. #, etc.  
**CAPE CORAL**  
City & State  
**FL.**  
Zip  
**33990**  
Country  
**U.S.A.**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
**2121 S.E. 2ND TERRACE**  
City & State  
**Cape Coral, FL**  
Zip  
**33990**  
Country  
**U.S.A.**

4. FEI Number **65-0813387**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SMELSER, TONDA**  
**1628 S.E. 6TH STREET**  
**CAPE CORAL FL 33990**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2121 S.E. 2ND TERRACE**  
City **CAPE CORAL** **FL** Zip Code **33990**

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 *Tonda Smelser* **3/18/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMELSER, HARRY L</b> <b>1628 SE 6TH ST</b> <b>CAPE CORAL FL 33990</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMELSER, TONDA</b> <b>1628 S.E. 6TH STREET</b> <b>CAPE CORAL FL 33990</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Smelser, HARRY L.</b> <b>2121 S.E. 2ND TERRACE</b> <b>CAPE CORAL, FL 33990</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMELSER, TONDA</b> <b>2121 S.E. 2ND. TERRACE</b> <b>CAPE CORAL, FL, 33990</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Tonda Smelser* **3/18/03** **239-772-4317**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)