

**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**



2. Principal Place of Business  
**2121 S.E. 2ND TERRACE**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**CAPE CORAL**

**2121 S.E. 2ND TERRACE**

City & State

City & State-

**FL.**

**Cape Coral, FL**

4. FEI Number **65-0813387**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip  
**33990**

Country  
**U.S.A.**

Zip  
**33990**

Country  
**U.S.A.**

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

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

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Smelser, HARRY L.</b>	
STREET ADDRESS	<b>2121 S.E. 2ND TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMELSER, TONDA</b>	
STREET ADDRESS	<b>2121 S.E. 2ND. TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FL, 33990</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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)