2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000043433** Mar 15, 2000 8:00 am Secretary of State LEGS, ETC. INC. 03-15-2000 90043 017 ***150.00 Principal Place of Business Mailing Address 5015 N. DEWEY WAY 5015 N. DEWEY WAY HERNANDO FL 34442 HERNANDO FL 34442-4041 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3510815 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHADWICK, SARAH J Street Address (P.O. Box Number is Not Acceptable) 5015 N. DEWEY WAY HERNANDO FL 34442 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILÈ NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE ALTENHOF, MARGARET NAME STREET ADDRESS STREET ADDRESS **5045 N HARDING TERR** CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 ☐ Change ☐ Addition Delete TITLE TITLE APPLETON, WAYNE NAME NAME STREET ADDRESS STREET ADORESS 6115 N PEARDALE TERR CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS FL 34465** ☐ Addition Change TITLE TITLE APPLETON, ARLENE NAME NAME STREET ADDRESS STREET ADDRESS 6115 N PEARDALE TERR CITY-ST-ZIP CITY-ST-7IP **BEVERLY HILLS FL 34465** ☐ Addition Change TITLE Delete TITI F CHADWICK, SARAH J NAME NAME STREET ADDRESS STREET ADDRESS 5015 N DEWEY WAY CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 ☐ Addition Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #