

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105442 1. Entity Name LEGACY TECHNOLOGY INCORPORATED					
Principal Place of Business 2455 E SUNRISE BLVD SUITE 916 FT. LAUDERDALE, FL 33304			Mailing Address 2455 E SUNRISE BLVD SUITE 916 FT. LAUDERDALE, FL 33304		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 65-1058631				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASTRIANA, F. RONALD 1600 N. FEDERAL HWY. SUITE 200 FT. LAUDERDALE, FL 33304				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature must be printed name of registered agent, and with 1 inch leave. (NOTE: Registered Agent Signature required after registration) DATE					
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	TITLE	NAME
	D	MCDONALD, SARAH DAWN D	1600 N. FEDERAL HWY., SUITE 200 FT. LAUDERDALE, FL 33304	☐ Delete	
	D	MCDONALD, MINKA JANE	1600 N. FEDERAL HWY., SUITE 200 FT. LAUDERDALE, FL 33304	☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ 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: <u><i>[Signature]</i></u> <u><i>Peter del</i></u> <u><i>6/24/03</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
03 JUN 26 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

06-25-03 10:02