

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90018 047 ***150.00

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1. Entity Name

LEGAB, INC.



Principal Place of Business

113 S. MONROE ST.
TALLAHASSEE FL 32301

Mailing Address

13639 TWIN LAKE LANE
TAMPA FL 33624-4619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3574038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D ESQ.
701 E. TENNESSEE ST.
TALLAHASSEE FL 32308

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, 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, 2004 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 D ☐ Delete
NAME STOUT, JOHN M
STREET ADDRESS 2998 GOLDEN EAGLE DR.
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete
NAME KOPELMAN, JACK L
STREET ADDRESS 13639 TWIN LAKE LANE
CITY-ST-ZIP TAMPA FL ~~33624~~ 33618-8421

TITLE D ☐ Delete
NAME KOPELMAN, WILLIAM M
STREET ADDRESS 13901 MIDDLE PARK DRIVE
CITY-ST-ZIP TAMPA FL 33624

TITLE D ☐ Delete
NAME KOPELMAN, BETTY S
STREET ADDRESS 13639 TWIN LAKE LANE
CITY-ST-ZIP TAMPA FL ~~33624~~ 33618-8421

TITLE D ☐ Delete
NAME DROSSNER, MARCUS W
STREET ADDRESS 2312 MIRANDA AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Betty S. Kopelman* BETTY S. KOPELMAN
SECY/TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 961-8411