2002 UNIFORM BUSINESS REPORT (UBR)

P9900068630 **DOCUMENT #**

1.º Entity Name

LEGAL AGE SYSTEMS, INC.

Principal Place of Business

Mailing Address

5135 ADANSON STREET SUITE 200 ORLANDO FL 32804		5135 ADANSON STREET SUITE 200 ORLANDO FL 32804					. 	
2. Principal I	Place of Business	3. Mailing Address			AC er iya da jak eri ya be akt	j e nist hene sin	ar ((1) 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	l. FEI Number 59-35	90226		pplied For
Zip Country		Zip	Zip Country		. Certificate of Status De		\$8.75 Ad	
	6. Name and Address of Current	Registered Agent		7.	. Name and Address of	New Registered		30
		and a management with	N	ame				
5135 AD	tz, edward Anson Street # 200		Si	Street Address (P.O. Box Number is Not Acceptable)				
ORLAND	O FL 32804							
8. The above named entity submits this statement for the purpose of changing its				City FL Zip Code				
9. This corpo	Signature, typed or printed name of registered agent oration is eligible to satisfy its intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		\$150.00 be \$550.00	10. Election Campa Trust Fund Con		\$5.0 Added	O May Be
11.	OFFICERS AND	DIRECTORS	12.	Α Α	DDITIONS/CHANGES T	O OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLODETZ, EDWARD M 5135 ADANSON STREET ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				☐ Change	☐ Addition
TITLE VAME STREET ADDRESS CITY-ST-ZIP	SVD GOLODETZ, DEBORAH 5135 ADANSON STREET ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI		•	-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	Delete	TITLE NAME STREET ADD CITY-ST-ZI			~ .	Change	Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII				Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF			,	Change	Addition
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME	DESC.			☐ Change	Addition

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 any 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 true movement.

CIGNATURE:

CIGN

FILED

05-13-2002 90246 033 ***150.00

May 13, 2002 8:00 am g Secretary of State