2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000103558**

1. Entity Name

TITLE

NAME

STREET ADDRESS

LEGACY ENTERPRISE GROUP, INC.

Principal Place of Business

Mailing Address

1417 BELL SHOALS BOAD

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90144 028 ***150.00

2. Principal Place of Business		BRANDON FL 33511 3. Mailing Address						
Syite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3614278		Applied For	
Zio	Country	Zio	Country	i	Certificate of Status Desired	\$8.75 Ac Fee Requir		
· - · · - · · - ·	6. Name and Address of Current	Registered Agent	1	7.	Name and Address of New Regist	lered Agent		
			Name				· i	
1417 BE	Frank R Ell Shoals Road On Fl 33511	Street Address		ddress (P.O. E	s (P.O. Box Number is Not Acceptable)			
Distribu	SK112 33311		City			FL Zip Co	de	
8. The above nar SIGNATURE	med entity submits this statement fo	r the purpose of changing	its registered office of	r registered aç	gent, or both, in the State of Florida.			
Sign	nature, typed or printed name of registered agent a	and title if applicable (N	IOTE: Registered Agent signat	ure required when i	reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		550.00	10. Election Campaign Financin Trust Fund Contribution.		00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	Al	DDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11	
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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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

☐ Delete

☐ Change

Addition