

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90059 016 ***158.75

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DOCUMENT # **H39081**

1. Entity Name
LOGAN MECHANICAL, INC.



Principal Place of Business
**C/O WILLIAM J. LOGAN, SR
8255 125TH CIRCLE N.
LARGO FL 33773
US**

Mailing Address
**C/O WILLIAM J. LOGAN, SR
8255 125TH CIRCLE N.
LARGO FL 33773
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2504837**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOGAN, WILLIAM J., SR
8255 125TH CIRCLE N.
LARGO FL 33773**

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 *William J. Logan Sr*
Signature, typed or printed name of registered agent and title if applicable.

DATE **4/27/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOGAN, WILLIAM J., SR	
STREET ADDRESS	8255 125TH CIR., NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LOGAN, WILLIAM J. JR	
STREET ADDRESS	8255 125TH CIR., NORTH	
CITY-ST-ZIP	LARGO FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LOGAN, PATRICIA L.	
STREET ADDRESS	8255 125TH CIRCLE DR	
CITY-ST-ZIP	LARGO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOGAN, CHRISTIAN	
STREET ADDRESS	8255 125 CIRCLE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN WILLIAM J. JR	
STREET ADDRESS	3374 21 AVE SW	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR, VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, CHRISTIAN	
STREET ADDRESS	8255 125TH CIRCLE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, JUSTIN	
STREET ADDRESS	8255 125TH CIRCLE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William J. Logan Sr* **WILLIAM J LOGAN SR** DATE: **4/27/03** DAYTIME PHONE #: **727 526 7889**

CR2E034 (10/02)