

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90156 040 ***150.00

06989502 . FP

DOCUMENT # P95000019170

1. Entity Name
LOGAN CAROLINA PLACE REALTY CORP.



Principal Place of Business
**11540 HIGHWAY 92 EAST
SEFFNER FL 33584**

Mailing Address
**11540 HIGHWAY 92 EAST
SEFFNER FL 33584**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3302046**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**KETTLE, MICHAEL
C/O ROOMS TO GO
11540 HIGHWAY 92 EAST4
SEFFNER FL 33584**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	D	<input type="checkbox"/> Delete
NAME	SEAMAN, JULIE	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEIN, LEWIS	
STREET ADDRESS	11540 HWY 92 E	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINKEL, JEFFERY	
STREET ADDRESS	11540 HWY 92 E	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
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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: *Michael Kettle* APR 14 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)