

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90026 028 \*\*\*150.00

<b>DOCUMENT #</b> P99000071469
<b>1. Entity Name</b> LOGOS TECHNOLOGIES, INC.

<b>Principal Place of Business</b> 3867 GEORGIA CT TARPON SPRINGS FL 34689	<b>Mailing Address</b> 3867 GEORGIA CT TARPON SPRINGS FL 34689
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3592334	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
SPEROS, STEPHEN 3867 GEORGIA CT TARPON SPRINGS FL 34689	
<b>7. Name and Address of New Registered Agent</b>	
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.**

**SIGNATURE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> PD	<b>NAME</b> FARKAS, STEPHEN J JR	<input checked="" type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 12536 TYLER RUN AVE			
<b>CITY-ST-ZIP</b> ODESSA FL 33556			
<b>TITLE</b> VD	<b>NAME</b> SPEROS, ANNA	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 3867 GEORGIA CT			
<b>CITY-ST-ZIP</b> TARPON SPRINGS FL 34689			
<b>TITLE</b> TREASURER	<b>NAME</b> STEPHEN SPEROS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3867 GEORGIA CT			
<b>CITY-ST-ZIP</b> TARPON SPRINGS, FL 34689			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**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.**

**SIGNATURE:** X **ANNA SPEROS** **3-1-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)