

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058301

1. Entity Name

LOGO SHIRTS, INC.

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90018 041 \*\*\*150.00

Principal Place of Business

Mailing Address

12317 SW 1ST STREET  
CORAL SPRINGS FL 33071

12317 SW 1ST STREET  
CORAL SPRINGS FL 33071-8056

2. Principal Place of Business

1440 Coral Ridge Drive

3. Mailing Address

1440 Coral Ridge Drive

Suite, Apt. #, etc.

Suite # 135

Suite, Apt. #, etc.

Suite # 135

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0930419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TILLEM, SCOTT E  
10 FAIRWAY DRIVE STE 219  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name Steve Adelman

Street Address (P.O. Box Number is Not Acceptable)

12317 SW 1st Street

City

Coral Springs

FL

Zip Code

33071

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

Steve Adelman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

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 State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME ADELMAN, STEVE  
STREET ADDRESS 12317 SW 1ST STREET  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VSD ☐ Delete  
NAME ADELMAN, JUDY H  
STREET ADDRESS 12317 SW 1ST STREET  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

JUDY H. ADELMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judy H. Adelman 4/17/00 345-8337