

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 348141

1. Entity Name
P.H. LOGAS & CO. INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90013 030 ***150.00

Principal Place of Business Mailing Address
% EVELYN P. LOGAS % EVELYN P. LOGAS
805 CRANE AVENUE, P.O. BOX 1292 805 CRANE AVENUE, P.O. BOX 1292
MOUNT DORA FL 32757 MOUNT DORA FL 32757

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number 59-1265179 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOGAS, JENNIE P.
805 CRANE AVE.
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name *Same - no change*
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

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, 2001 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	PST	<input type="checkbox"/> Delete
NAME	LOGAS, EVELYN P.	
STREET ADDRESS	805 CRANE AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAS, EVELYN P.	
STREET ADDRESS	805 CRANE AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BASILIKO, MARY P.	
STREET ADDRESS	14807 CLOVERDALE RD.	
CITY-ST-ZIP	WOODBIDGE VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOGAS, STELLA P.	
STREET ADDRESS	805 CRANE AVENUE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, D. GERAIDS	
STREET ADDRESS	P.O. BOX 490542 N/A	
CITY-ST-ZIP	LEESBURG FL 34749-0542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Evelyn P. Logas* *352-383-2304*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)