FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 JUL 29 AM 10: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 348141

1. Entity Name
P.H. LOGAS CORP, INC.

DO NOT WRITE IN THIS SPACE

05/03/04 01052 001 $150.00

DO NOT WRITE IN THIS SPACE 7-6-04

2. Principal Place of Business		3. Mailing Address	
N/A		P.O. BOX 1292	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State MT. DORA, FL.	
Zip	Country	Zip 32756	Country LAKE

4. FEI Number N/A — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name JENNIE P LOGAS

Street Address (P.O. Box Number is Not Acceptable) ~~P.O. BOX 545~~ X 805 Crane Ave. Mt Dora Re.

City MT. DORA FL Zip Code 32756

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.

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05/03/04--01052--001 **150.00

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES & DIRECTOR
NAME	EVELYN P. LOGAS
STREET ADDRESS	P.O. BOX 1292
CITY-ST-ZIP	MT. DORA, FL 32756
TITLE	VICE PRES
NAME	MARY L. BASILIKO
STREET ADDRESS	14807 CLOVERDALE Rd
CITY-ST-ZIP	DALE CITY, VA 22193
TITLE	SEC-TREASURE
NAME	EVELYN P. LOGAS
STREET ADDRESS	P.O. BOX 1292
CITY-ST-ZIP	MT DORA FL 32756
TITLE	DIRECTOR
NAME	LOVIE P. LOGAS
STREET ADDRESS	111 SPRING VALLEY LOOP
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR
NAME	JENNIE P. LOGAS
STREET ADDRESS	P.O. BOX 545
CITY-ST-ZIP	MT. DORA, FL 32756

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Evelyn P. Logas April 27, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EVELYN P. LOGAS