

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90297 013 ***150.00

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DOCUMENT # 348141

1. Entity Name

P.H. LOGAS & CO. INC.



Principal Place of Business

% EVELYN P. LOGAS
805 CRANE AVENUE, P.O. BOX 1292
MOUNT DORA FL 32757

Mailing Address

% EVELYN P. LOGAS
805 CRANE AVENUE, P.O. BOX 1292
MOUNT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

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

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

Jennie P. Logas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ☐ Delete
NAME PST
STREET ADDRESS LOGAS, EVELYN P.
CITY-ST-ZIP 805 CRANE AVENUE
MOUNT DORA FL 32757

TITLE ☐ Delete
NAME D
STREET ADDRESS LOGAS, EVELYN P.
CITY-ST-ZIP 805 CRANE AVENUE
MOUNT DORA FL 32757

TITLE ☐ Delete
NAME VD
STREET ADDRESS BASILIKO, MARY P.
CITY-ST-ZIP 14807 CLOVERDALE RD.
WOODBRIIDGE VA

TITLE ☒ Delete
NAME D
STREET ADDRESS LOGAS, STELLA P.
CITY-ST-ZIP 805 CRANE AVENUE
MOUNT DORA FL 32757

TITLE ☒ Delete
NAME D
STREET ADDRESS THOMPSON, D. GERAKIDIS
CITY-ST-ZIP P.O. BOX 480542 N/A
LEESBURG FL 34749-0542

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
NAME DJENNIE P. LOGAS
STREET ADDRESS P.O. BOX 1292
CITY-ST-ZIP MT. DORA FL 32756

TITLE ☐ Change ☒ Addition
NAME P. LOUIS P. LOGAS
STREET ADDRESS 111 SPRING VALLEY LANE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL
32714

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)