

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90371 014 \*\*\*558.75

0116382

**DOCUMENT # 349870**

1. Entity Name  
**LOGG AND SONS INC**

Principal Place of Business Mailing Address  
**19345 SW 312ND STREET** **19345 SW 312ND STREET**  
**HOMESTEAD FL 33030** **HOMESTEAD FL 33030**

2. Principal Place of Business 3. Mailing Address  
**18625 SW 294TH TR** **18625 SW 294TH TR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State  
**HOMESTEAD FL** **HOMESTEAD FL**  
 Zip Zip  
**33030** **33030**  
 Country Country  
**USA** **USA**

4. FEI Number **59-1286057** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☒ **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**LOGG, CHARLES P JR.,** Name **LOGG, CHARLES P JR**  
**19345 SW 312 STREET** Street Address (P.O. Box Number is Not Acceptable) **18625 SW 294 TERRACE**  
**HOMESTEAD FL 33030** City **HOMESTEAD** FL Zip Code **33030**

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 *Charles P. Logg* (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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOGG, CHARLES P</b> <b>19345 SW 312 STREET</b> <b>HOMESTEAD FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOGG, CHARLES P JR</b> <b>18625 SW 294 TERRACE</b> <b>HOMESTEAD, FL 33030</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: *Charles P. Logg* 1 MAY 2001 (305) 249-3261  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)