

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A01000001387**

1. Entity Name

ELOGIC LEARNING LTD.

FILED

02 FEB -4 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**4983 WEST WATERS AVE.
SUITE E
TAMPA FL 33634**

Mailing Address

**4983 WEST WATERS AVE.
SUITE E
TAMPA FL 33634**

2. Principal Place of Business

4893 W. Waters Ave

3. Mailing Address

4893 W. Waters Ave

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

DUE BY MAY 1, 2002

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3748554

Applied For

Not Applicable

Zip

33634

Country

Zip

33634

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLASKAY, NICHOLAS
4983 WEST WATERS AVE.
SUITE E
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name

Flaskay, Nicholas

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

4893 West Waters Ave.

Suite E

City

Tampa

FL

Zip Code

33634

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.

DATE

9. Capital Contributions
as Shown on record.

\$990.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$990.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P01000099593**
NAME **ELOGIC GP, INC.**
STREET ADDRESS **4983 WEST WATERS AVE.**
CITY-ST-ZIP **TAMPA FL 33634**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4893 W. Waters Ave, Suite E**
CITY-ST-ZIP **Tampa, FL 33634**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **600004910936--0
-02/12/02--01025--020**

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/28/2002 813 805-7974
Date Daytime Phone #

CP2E003 (9/01)