

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

0013715 AT

DOCUMENT # A01000001387

1. Entity Name
ELOGIC LEARNING LTD.



FILED

03 APR 21 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4893 WEST WATERS AVE.
SUITE E
TAMPA FL 33634

Mailing Address
4893 WEST WATERS AVE.
SUITE E
TAMPA FL 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3748554

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

FLASKAY, NICHOLAS
4893 WEST WATERS AVE.
SUITE E
TAMPA FL 33634

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

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.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000099593
NAME ELOGIC GP, INC.
STREET ADDRESS 4893 WEST WATERS AVE.
CITY-ST-ZIP TAMPA FL 33634

STREET ADDRESS

CITY-ST-ZIP

500016397515
04/21/03--01063--017 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

David J. Perdue Sr.

SIGNATURE: David J. Perdue Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/03

Date

813 885-7924

Daytime Phone #

CR2E003 (10/02)