2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 06, 2000 8:00 am Secretary of State DOCUMENT # F9400001884 1. Entity Name LOGUS MANUFACTURING CORP. 06-06-2000 90483 044 ***550.00 Principal Place of Business Mailing Address 1305 HILL AVE 1305 HILL AVE MANGONIA PARK FL 33407 MANGONIA PARK FL 33407-2228 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4, FEI Number Applied For 11-1989802 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HACK, GEORGE S Street Address (P.O. Box Number is Not Acceptable) 1305 HILL AVE. MANGONIA PARK FL 33407 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE Delete NAME HACK, GEORGE S NAME STREET ADDRESS STREET ADDRESS 1305 HILL AVE CITY-ST-ZIP CITY-ST-ZIP MANGONIA PARK FL ☐ Change Addition ☐ Delete TITLE HACK, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 1305 HILL AVE CITY-ST-ZIP CITY-ST-ZIP MANGONIA PARK FL ☐ Change Addition ☐ Delete TUTLE TITLE HACK, GEORGE J NAME NAME STREET ADDRESS STREET ADDRESS 1305 HILL AVE CITY-ST-ZIP MANFONIA PARK FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME

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 all other like a movement.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/80 (561)847-3550 Date Destine Phone # CR2Fn34 (9/99)