

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K77510

1. Entity Name

LOGICOM, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90015 040 ***150.00

Principal Place of Business

Mailing Address

5701 PINE ISLAND ROAD
SUITE 300
TAMARAC FL 33321
US

5701 PINE ISLAND ROAD
SUITE 300
TAMARAC FL 33321-4440
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0111338

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARNEL, TIM

1142 NW 9TH DRIVE
CORAL SPRINGS FL 33071
3511 W Commercial Blvd
1st Floor
Ft. Lauderdale, FL 33309

Name

Arnel, Tim

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

5701 Pine Island Road

Suite 340

City

Tamarac

FL

Zip Code

33321

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Tim Arnel

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
ST
HOLBACH, KEITH S.
STREET ADDRESS
10871 NW 29TH CT
CITY-ST-ZIP
SUNRISE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
P
TIMOTHY C. ARNEL
STREET ADDRESS
1142 NW 9TH DRIVE
CITY-ST-ZIP
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
V
MILLER, KEITH A
STREET ADDRESS
209 N. ATLANTIC BLVD #17A
CITY-ST-ZIP
FT LAUDERDALE FL 33304

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Arnel

Date

Daytime Phone

733-9099
954-788-7878

CR2E034 (9/99)