

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00733

1. Entity Name

YOUR LOGO, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90177 001 \*\*\*150.00

Principal Place of Business

4520 W KENNEDY BLVD  
TAMPA FL 33609  
US

Mailing Address

12647 US HWY 19  
HUDSON FL 34679-0480  
US

2. Principal Place of Business

3499 Casa Ct.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 480  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, FL  
Zip 34607 Country USA

City & State

Aripeka, FL  
Zip 34679 Country USA

4. FEI Number

59-2967747

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELLIVENIRI, MICHAEL T.  
12647 US HWY 19  
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name Michael T. Delliveniri  
Street Address (P.O. Box Number is Not Acceptable)  
3499 Casa Ct.  
City Spring Hill FL Zip Code 34607

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

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

TITLE	DVP	<input type="checkbox"/> Delete
NAME	DELLIVENIRI, MICHAEL T.	
STREET ADDRESS	12647 US HWY 19	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	DELLIVENIRI, RANDOLPH	
STREET ADDRESS	4520 W KENNEDY BKVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DVPS	<input checked="" type="checkbox"/> Delete
NAME	EGAN, STEPHEN M	
STREET ADDRESS	4520 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREY, JAMES R	
STREET ADDRESS	4520 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Delliveniri	
STREET ADDRESS	3499 Casa Ct.	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Delliveniri	
STREET ADDRESS	3499 Casa Ct.	
CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

352-592-0804

Daytime Phone #

CR2E034 (9/99)