

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90052 033 ***150.00

DOCUMENT # L00733

1. Entity Name
YOUR LOGO, INC.

Principal Place of Business

**3499 CASA CT
 SPRING HILL FL 34607
 US**

Mailing Address

**PO BOX 480
 ARIPEKA FL 34679
 US**

2. Principal Place of Business

3049 Drane Field Rd.

3. Mailing Address

3049 Drane Field Rd.

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

#8

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33811

Country

USA

Zip

33811

Country

USA

6. Name and Address of Current Registered Agent

**DELLIVENIRI, MICHAEL T.
 3499 CASA CT
 SPRING HILL FL 34607**

7. Name and Address of New Registered Agent

Name **Michael T. Delliveniri**
 Street Address (P.O. Box Number is Not Acceptable)
3049 Drane Field Rd., #8
 City **Lakeland** **FL** Zip Code **33811**

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

Michael T. Delliveniri

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | DPT DELLIVENIRI, MICHAEL T. 3499 CASA CT SPRING HILL FL 34607 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS DELLIVENIN, BRENDA 3499 CASA CT SPRING HILL FL 34607 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT Delliveniri, Michael T. 3049 Drane Field Rd., #8 Lakeland, FL 33811 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS Delliveniri, Brenda 3049 Drane Field Rd., #8 Lakeland, FL 33811 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Brenda Delliveniri
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 **863-644-0030**
 Date Daytime Phone #

CR2E034 (10/00)