2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005775

1. Entity Name

BR LOGOS & MORE LLC

Principal Place of Business	Mailing Address
1787 US 1 SOUTH SAINT AUGUSTINE FL 32086	1787 US 1 SOUTH SAINT AUGUSTINE FL 32086-4238

2. Principal Place of Business	3. Mailing Address P.O. Box 717	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	*mnm* DO NOT WRITE IN THIS SPACE
City & State	City & State St Augustine FL	4. FEI Number 59-3630601 / Applied For / Not Applicable
Zip / Country	Zip 32086 / Country USA	5. Certificate of Status Desired ☐ / **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9.	MANAGING MEMBERS / MEMBERS		10.	ADDITIONS / CHANGES	
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	MGRM COX, DEBRA A 1787 US 1 SOUTH STREET SAINT AUGUSTINE FL 32086	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	MGRM COX, PHYLLIS L RT 1 BOX 1670 GLEN STREET MARY FL 32040	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	900003236549--5 -05/03/00--☐Change--☐Addition *****50.00 *****50.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**		☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Debra Cox   4/12/00   904-471-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #