

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000073133**

1. Entity Name

ROSS & LOGAN INDUSTRIES, INC.**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90068 015 ***158.75

002187

Principal Place of Business

**1309 LANE CIRCLE EAST
JACKSONVILLE FL 32254**

Mailing Address

**1309 LANE CIRCLE EAST
JACKSONVILLE FL 32254****00034986**

2. Principal Place of Business

1309 Lane Circle East

Suite, Apt. #, etc.

3. Mailing Address

1309 Lane Circle East

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3661336

Applied For

Not Applicable

Zip

32254

Country

United States

Zip

Country

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**S. JAMES CREEKMORE
1309 LANE CIRCLE EAST
JACKSONVILLE FL 32254**

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	S. JAMES CREEKMORE	
STREET ADDRESS	1309 LANE CIRCLE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32254	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Brantley	
STREET ADDRESS	1309 Lane Circle East	
CITY-ST-ZIP	Jacksonville, Florida 32254	

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		

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 person 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

(904) 378-9700

Date

Daytime Phone #

CR2E034 (10/00)