## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 19, 2002 8:00 am Secretary of State **DOCUMENT#** P01000013400 1. Entity Name 09-19-2002 90162 026 \*\*\*150.00 LOGEMANN DESIGN, INC. Principal Place of Business Mailing Address 422 SW 11 STREET 422 SW 11 STREET FT LAUDERBALE FL 33315 FT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address <u>501 sw 14 street</u> 50/ Sw Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 365-1090937 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USF Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOGEMANN, LESLIE A 422 SW-11 STREET FT LAUDERDALE FL 39315 38. The above named entity symits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition LOGEMANN, LESLIE A NAME NAME 422-SW-11-STREET STREET ADDRESS 501 sw 14 street STREET ADDRESS FT LAUDERDALE FL 33315 CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale: FL 33315 TITLE ☐ Delete TITLE Change Change Addition LOGEMANN, LESLIE A NAME NAME 422 SW-11-STREET-STREET ADDRESS STREET ADDRESS FT-LAUDERDALE-FL-33315 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/02

954-832-0804

Daytime Phone #

CR2E034 (4/02)



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12 September 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Madam/Sir.

I recently received from your office the late notice for filing my UBR. I had not, however, received any previous notification, so I phoned your office and spoke to a very helpful woman named Drew. She asked that I write a letter with this explanation, enclose my payment of \$150, and send it immediately to your office.

If there is anything further that you need from me to process this report, please call me at 954-832-0804.

Sincerely,

Leslie Logenam.

Leslie Logemann

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