FILED 2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am g Secretary of State DOCUMENT # P01000037303 1. Entity Name 03-13-2002 90077 029 ***150.00 LOGOISMS INC. Principal Place of Business Mailing Address 1470 GIRARD BLVD. 1470 GIRARD BLVD. MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent: ---7. Name and Address of New Registered Agent Name BOUCK, HILDA Street Address (P.O. Box Number is Not Acceptable) 1470 GIRARD BLVD. MERRITT ISLAND FL 32952 Zip Code FI 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Γ Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NAME BOUCK, HILDA NAME STREET ADDRESS STREET ADDRESS 1470 GIRARD BLVD. CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME **BOUCK, BRIAN** STREET ADDRESS STREET ADDRESS 1470 GIRARD BLVD. CITY-ST-7IP CITY-ST-ZIP **MERRITT ISLAND FL 32952** TITLE ☐ Delete TITLE 1 - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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