

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

01-29-2002 90029 026 ***150.00

DOCUMENT # P01000083440

1. Entity Name

LOGAN WHOLESALE FURNITURE, INC.

Principal Place of Business

Mailing Address

18323 JORENE ROAD
 ODESSA FL 33566

18323 JORENE ROAD
 ODESSA FL 33566

2. Principal Place of Business

3. Mailing Address

18323 JORENE Rd
 Suite, Apt. #, etc.

18323 JORENE Rd
 Suite, Apt. #, etc.

City & State

ODESSA, FLA

City & State

ODESSA, FLA 33556

4. FEI Number

59-3746719

Applied For

Not Applicable

Zip

33556

Country

USA

Zip

33556

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FINANCIAL FOUNDATIONS, INC.
 3150 SANDY RIDGE DRIVE
 CLEARWATER FL 33761

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, 2002 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	PRESIDENT / TREASURER	<input type="checkbox"/> Delete
NAME	STODDARD, MICHAEL T	
STREET ADDRESS	18323 JORENE ROAD	
CITY-ST-ZIP	ODESSA FL 33566 33556	
TITLE	STODDARD, MELISSA J.	<input type="checkbox"/> Delete
NAME	18323 JORENE Rd.	
STREET ADDRESS	ODESSA, FL 33556	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		<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)(f), 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 a power like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)