

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90748 004 ***150.00

DOCUMENT # P01000086656

1. Entity Name
LOGIC NETWORKS, INC.



Principal Place of Business
9678 SUN POINTE DRIVE
BOYNTON BEACH FL 33437

Mailing Address
9678 SUN POINTE DRIVE
BOYNTON BEACH FL 33437

2. Principal Place of Business
11801 W ATLANTIC BLVD

3. Mailing Address
11801 W ATLANTIC BLVD

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.
#4

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

Zip
33071

Country
USA

Zip
33071

Country
USA

4. FEI Number 65-1137132

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HARTMAN, DAVID
9678 SUN POINTE DRIVE
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

Name
HARTMAN, DAVID
Street Address (P.O. Box Number is Not Acceptable)
11801 W ATLANTIC BLVD
#4
City
CORAL SPRINGS FL Zip Code
33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David D. Hartman* DAVID D. HARTMAN CEO/PD

04/04/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HARTMAN, DAVID 9678 SUN POINTE DRIVE BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO HARTMAN, DAVID 9678 SUN POINTE DRIVE BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD HARTMAN, BRENDA 9678 SUN POINTE DRIVE BOYNTON BEACH FL 33437 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HARTMAN, DAVID 11801 W ATLANTIC BLVD #4 CORAL SPRINGS, FL 33071 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO HARTMAN, DAVID 11801 W ATLANTIC BLVD #4 CORAL SPRINGS FL 33071 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD HARTMAN, BRENDA 11801 W ATLANTIC BLVD #4 CORAL SPRINGS FL 33071 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David D. Hartman* DAVID D. HARTMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/03 754-274-7784
Date Daytime Phone #

CR2E034 (10/02)