

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000027287

FILED
May 01, 2003
Secretary of State

Entity Name: J. R. LOGAN, INC.

Current Principal Place of Business:

POST OFFICE BOX 28
LAKELAND, FL 33802

New Principal Place of Business:

POST OFFICE BOX 28
LAKELAND, FL 338020028

Current Mailing Address:

POST OFFICE BOX 28
LAKELAND, FL 33802

New Mailing Address:

POST OFFICE BOX 28
LAKELAND, FL 338020028

FEI Number: 03-0406074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTS, GRETA L
2828 SAFFRON
ORLANDO, FL 328377504 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALBERTS, GRETA L
Address: P.O. BOX 28
City-St-Zip: LAKELAND, FL 33802

Title: V () Delete
Name: MIDKIFF, LISA J
Address: P.O. BOX 28
City-St-Zip: LAKELAND, FL 33802

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MIDKIFF, LISA J
Address: P.O. BOX 28
City-St-Zip: LAKELAND, FL 33802

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA J MIDKIFF

T

05/01/2003

Electronic Signature of Signing Officer or Director

Date