

\* ALSO SENT COPY TO MIAMI, FL LOCATION & TAL

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90227 022 \*\*\*150.00

DOCUMENT # P02000030585

1. Entity Name

LOGOS 2 GO, INC.

**DO NOT WRITE IN THIS SPACE**

90027030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
265 LAGO CIR 303

Suite, Apt. #, etc.

3. Mailing Address  
265 LAGO CIR 303

Suite, Apt. #, etc.

City & State  
MELBOURNE FL

City & State  
MELBOURNE FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
32904

Country  
USA

Zip  
32904

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Registered Agent**

Name  
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City  
MIAMI

FL Zip Code  
33131

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

PAUL SMITH, VICE PRESIDENT 02-07-03

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR HOPE, CONNIE 265 LAGO CIR 303 MELBOURNE FL 32904	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie Hope

CONNIE HOPE, DIRECTOR

1/20/03

Date

321-728-1480

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)