

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90062 027 ***150.00

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DOCUMENT # P02000043369

1. Entity Name
LOGAN'S DENIM WORLD, INC.



Principal Place of Business
**22 S JOHN YOUNG PKWY
KISSIMMEE FL 34741**

Mailing Address
**22 S JOHN YOUNG PKWY
KISSIMMEE FL 34741**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

**NAIDOO, MANOHARA P
22 S JOHN YOUNG PKWY
KISSIMMEE FL 34741**

Name **GORAL K. NAIDOO**

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

1112 JOHN YOUNG PKWY.

City **KISSIMMEE** **FL** Zip Code **34741**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

APRIL 10 - 03

DATE

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **NAIDOO, MANOHARA**
STREET ADDRESS **22 S JOHN YOUNG PKWY**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **D** ☒ Change ☐ Addition
NAME **GORAL K NAIDOO**
STREET ADDRESS **1112 JOHN YOUNG PKWY.**
CITY-ST-ZIP **KISS FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10 - 03

Date

407 870 8859

Daytime Phone #

CR2E034 (10/02)