

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

FILED

03 OCT 15 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # \*p02000102822

1. Entity Name

Logan A/C Services, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3694 Estepona Ave.**

Suite, Apt. #, etc.

3. Mailing Address  
**3694 Estepona Ave.**

Suite, Apt. #, etc.

City & State  
**Miami FL.**

City & State  
**Miami FL.**

Zip  
**33178**

Country  
**U.S.**

Zip  
**33178**

Country  
**U.S.**

REINSTATEMENT

4. FEI Number  
**14-1847623**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **William J. Logan**

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

**3694 Estepona Ave.**

City **Miami**

**FL**

Zip Code  
**33178**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**10/8/03**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

**President, William J. Logan  
3694 Estepona Ave.  
Miami FL. 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**500023802235  
10/15/03--01009--026 \*\*61.25**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**500023802235  
10/15/03--01009--025 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE:

*[Signature]* **William J. Logan**

**10/8/03**

**954 205 3347**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**LOGAN AC SERVICES, INC**  
**3694 ESTEPONA AVENUE**  
**MIAMI, FL. 33178**  
**(954)205-3347**  
**(305)592-9392**  
**LIC.# CAC1813527**

October 9, 2003

Department of Corporations  
Divisions of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399

To Whom it May Concern:


Enclosed is a copy of the UBR. I would like to thank Leslie Sellers for assissting me in finding, and filing all my required paperwork to be in compliance.

The enclosed check is for \$150.00 as per Ms. Selller's instructions. I am aalso very grateful in her understanding pertaining to this matter and waiving the late fees.

Should you have any questions or need any further information. Do not hesitate to call me at (954)205-3347 or via email at wlogan2071@aol.com.

Once again my sincere gratitude to the A's you've got on your team Mrs. Sellers..

Sincerely

  
William J. Logan  
President

Subj: RE: logan ac services  
Date: 9/12/2003 8:34:00 AM Eastern Daylight Time  
From: [corphelp@dos.state.fl.us](mailto:corphelp@dos.state.fl.us)  
To: [WLOGAN2071@aol.com](mailto:WLOGAN2071@aol.com)

We can assist you by email and phone to complete a filing form, but we don't have a specific office that works with individuals with disabilities. To use a name in Florida to conduct business, you must register a fictitious name or become a Corporation. Forms to do this are available at [www.sunbiz.org](http://www.sunbiz.org) under "Download Filing Forms" or you can file electronically online under "Electronic Filing". If you need a form mailed, we will be happy to do so, but need your address.

If you need assistance by phone, please call our office at (850) 245-6939.

Leslie Sellers  
Internet Access

-----Original Message-----

**From:** [WLOGAN2071@aol.com](mailto:WLOGAN2071@aol.com) [mailto:[WLOGAN2071@aol.com](mailto:WLOGAN2071@aol.com)]

**Sent:** Friday, September 12, 2003 6:40 AM

**To:** [corphelp@mail.dos.state.fl.us](mailto:corphelp@mail.dos.state.fl.us)

**Cc:** [WLOGAN2071@aol.com](mailto:WLOGAN2071@aol.com)

**Subject:** logan ac services

My name is William Logan and I am having some trouble understanding what I need to do as far as paperwork to run my business. I am an adult with ADD and would like to know if there are any state agencies or divisions of agencies that are available to assist persons with disabilities in business.

I do not think that I have any problems so far, but I do know that I am going to have financial obligations to government offices. In the past I have had help filling out any formal paperwork from my parents, but they are no longer available. I am keeping my business and personal finances separate.

I hope that there is someone who can direct and assist me in doing what I need to do in order to run my business correctly. Thank you for time and I thank you for any help you can give me.

Thank you,  
William Logan