

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

03-10-2003 90786 044 ***150.00

DOCUMENT # P02000125290			
1. Entity Name INNER LOGIC CORPORATION			
Principal Place of Business POST OFFICE BOX 810012 BOCA RATON FL 33481		Mailing Address POST OFFICE BOX 810012 BOCA RATON FL 33481	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 22-3883807		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSTON, KEITH 131 NW 1ST STREET DELRAY BEACH FL 33444		7. Name and Address of New Registered Agent Name: Julie Forshree Street Address (P.O. Box Number is Not Acceptable): 3014 Spanish Trail City: Delray Beach FL Zip Code: 33483	
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 <i>Julie Forshree</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>2-20-03</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President NAME Keith Huston STREET ADDRESS PO Box 810012 CITY-ST-ZIP Boca Raton FL 33481	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Keith Huston</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>2/28/03</i> Daytime Phone # <i>561-212-1110</i>	

CFR2034 (10/02)