2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 14, 2001 8:00 am DOCUMENT # P35087 1. Entity Name Secretary of State Logan Largo Realty Corp 05-14-2001 90216 015 ***150.00 Principal Place of Business Mailing Address 11540 Hwy 92 East 11540 Hwy 92 East Seffner, FL Seffner, FL 33584 nuoooogo 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable 59-3024232 Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Beyer, David A c/o Piper Marbury Rudnick & Wolfe Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd., Ste. 2000 Tampa, FL 33602-5133 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition CR2E034 (11/00 TITLE ☐ Delete TITLE PD NAME NAME Plancher, Kevin STREET ADDRESS STREET ADDRESS 11540 Hwy. 92 East CITY-ST-ZIP CITY-ST-ZIP Seffner, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition **V**D NAME NAME Finkel, Jeffrey STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11540 Hwy 92 East CITY-ST-ZIP Seffner, FL TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Stein, Lewis CITY-ST-ZIP CITY-ST-ZIP 11540 Hwy 92 East TITLE Seffner, FL Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Lewis Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 623 5400 Daytime Phone #

___4/23/01