**FILED** 

Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90148 027 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P93000008254 DOCUMENT #

1. Entity Name

LOG CARIN GROLINDS MAINTENANCE

Lou on	DIN GAO	DIADO IAIMINI EINVI	NCE, III	NC.								
Principal Place of Business 3000 MERRILL AVE. CLEARWATER FL 33759 US				Mailing Address 3000 MERRILL AVE, CLEARWATER FL 33759 US			Ì					
			US							<b>[]</b>     <b>  [</b>     <b>]</b>		
2. Principal Place of Business				3. Mailing Address				ı				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-316320					Applied For
Zip		Country	Zip		Cour	ntry		<b>5.</b> (	Certificate of Status Desired		\$8.75	Not Applicable  Additional
	6. Name	and Address of Curren	1 7									ired======
		Tario Addition of Chiles	negistei	eu Agein		Name		7. N	Name and Address of New Re	gistered A	gent	·
HENNIGE	R, KENT S	· ,										
	RRILL AVE.					Street Addr	ress (P	O. Bo	lox Number is Not Acceptable)			
CLEARWATER FL 34619						-						
0242 0100		,,,,							<u> </u>			_
						City				FL	Zip Co	
8. The abov	e named entit	y submits this statement fo	or the purp	oose of changing its	registere	ed office or reg	jistere	d age	ent, or both, in the State of Flori	ida. I am fa	 miliar wit	h, and accept
the obliga	ations of regist	ered agent.										in and accept
SIGNATURE		or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	d Agent signature re	equired w	hen rei	instating)	DATE		
	FILE NOWII	1 EEE IS \$150.00		<u> </u>		-				DAIE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									<ol> <li>9. Election Campaign Fina Trust Fund Contribution.</li> </ol>		<b>\$5.</b> Add	.00 May Be ed to Fees
10.		OFFICERS AND	DIRECTO	I PRS	11,	**			DITIONS/CHANGES TO OFFIC	SEDS AND I	DIDECTO	OC IN 44
TITLE	Р	4. F		☐ Delete	TITLE				STITUTION OF PARTICIPATION		Change	
NAME	HENNIGER	, KENT S		•	NAME	: [					Onlange	Addition
STREET ADDRESS CITY-ST-ZIP	2000 IIIE!					ET ADDRESS						ļ
	CLEARWAT	CR FL			CITY-	ST-ZIP						
TITLE NAME	VP	000001		☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	HENNIGER 7635 430Th	, GURDUN 4 AVE N			NAME							
CITY-ST-ZIP		ERSBURG FL 33709				ST-ZIP						
TITLE	VP	ENODONG 1 E 00703	=	Delete	TITLE		<del></del>					
NAME	SHAW, THO	DMAS		L.J Delete	NAME	1				l	Change	☐ Addition
STREET ADDRESS		STREET N				T ADDRESS						
CITY-ST-ZIP		ER FL 33760			CITY-	ST-ZIP						
TITLE	]	-		☐ Delete	TITLE						Change	Addition
NAME					NAME							
STREET ADDRESS CITY-ST-ZIP						T ADDRESS						ļ
	<del> </del>		<del></del>	<del></del>	CITY-S	ST-ZIP						
TITLE NAME				☐ Delete	TITLE	] .			· <del></del>		Change	Addition -
STREET ADDRESS	1				NAME							
CITY-ST-ZIP	<b>[</b> .					T ADDRESS						
TITLE	<del> </del>	<u> </u>			CITY-S	or-AIP			<del></del>			
NAME				☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS					NAME STREET	ADDRESS						

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 resover or trustee employees it is expected by the same legal effect as if made under oath; that I am an officer or director changed, or on an attach in this true is a fact that it is a fact **SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR