

## 1 300 7457

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

(b) (7)(C), (b) (7)(D)

1. Entity Name  
**DAVID LOGAN, CPA, P.A.**

Principal Place of Business	Mailing Address
3755 OLD US HWY 441 MOUNT DORA FL 32757 US	PO BOX 1668 MOUNT DORA FL 32757 US

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3171895	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
LOGAN, DAVID C 3755 OLD US HWY 441 MOUNT DORA FL 32757	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL 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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p align="center"><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2001 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>P</b> <b>LOGAN, DAVID C</b> <b>3755 OLD US HWY 441</b> <b>MOUNT DORA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: David C. Logan 1/24/01 352-383-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)