

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90163 015 \*\*\*150.00

**DOCUMENT # P93000017937**

1. Entity Name

**DAVID LOGAN, CPA, P.A.**

Principal Place of Business

**3755 OLD US HWY 441  
MOUNT DORA FL 32757  
US**

Mailing Address

**PO BOX 1668  
MOUNT DORA FL 32757  
US****B0130886**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3171895**Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P LOGAN, DAVID C**  
STREET ADDRESS **3755 OLD US HWY 441**  
CITY-ST-ZIP **MOUNT DORA FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/17/02 352-383-3500**

CR2E034 (4/02)

Attachment  
Doc. #

PG 3000017937 DAVID LOGAN, CPA PA  
CERTIFIED PUBLIC ACCOUNTANTS

3755 W. Old US Highway 441 - P.O. Box 1668 - Mount Dora, FL 32756  
Phone (352) 383-3500 - Fax (352) 383-5441

July 17, 20002

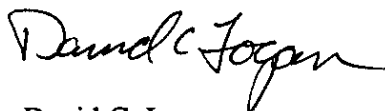
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Pleased be advised I am requesting the additional filing fee of \$400.00 be waived since we did not receive any previous notification or forms of any kind from the State. The attached form is the first notice we have received.

If there are any additional questions in this matter please contact me.

Sincerely,



David C. Logan