

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91163 003 ***150.00

DOCUMENT # **P94000012157**

1. Entity Name

Lakeview Brace & Limb by Mark Logue, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

516 Lakeview Rd. #1

Suite, Apt. #, etc.

3. Mailing Address

516 Lakeview Rd. #1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

59-3155428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

Country

33756

USA

Zip

Country

33756

USA

7. Name and Address of Current Registered Agent

Name

Mark Logue

Street Address (P.O. Box Number is Not Acceptable)

516 Lakeview Rd. #1

City

Clearwater

FL

Zip Code

33756

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PST
Logue, Mark
516 Lakeview Rd. #1
Clearwater FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Logue

Date

5-1-02

Daytime Phone #

727-441-8163

CR2E034B (12/01)