

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90238-049-\$150.00-\$150.00

DOCUMENT # P96000005777

1. Entity Name

LOGICool, INC.

Principal Place of Business

33 SW 14TH AVE
BOCA RATON FL 33486

Mailing Address

33 SW 14TH AVE
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0636568

Applied For

Not Applicable

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

MIDDLEBROOK, RICHARD C
33 SW 14TH AVE
BOCA RATON FL 33486

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

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, 2000 Min. 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
STREET ADDRESS MIDDLEBROOK, RICHARD
CITY-ST-ZIP 33 SW 14TH AVE
BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 687, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/00

CR2E034 15/00

SP

Logicool, Inc.

Imaginative Business Solutions

33 SW 14th Avenue Boca Raton, Florida 33486 1-877-856-4426 www.logicool.net

9-8-00

Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Stacey

Dear Stacey,

Per our conversation 9-7-00 I m sending you the explanation of my wife's medical condition for the year 1999 and a check per your instructions of \$150.00 for Logicool, Inc.'s annual filing fee.

My wife Donna Middlebrook has Multiple Sclerosis which at times can be a devastating disease. In 1999 her MS got the better of her. Donna was in and out of emergency rooms and Hospitals on a weekly bases.

Donna does the books and records for Logicool, Inc. and I do all sales and marketing. Unfortunately , do to her MS , she was not able to keep up with our Corporate books and we missed our filing date.

~~It's hard enough to start a new business, without having to deal with a major illness. Thank you~~
very much for your understanding of this frustrating situation. Please see the enclosed check for the amount of \$150.00 for Logicool, Inc.'s annual corporate filing fees.

Thanks for your Understanding,



Richard Middlebrook
CEO/ President-Logicool, Inc.