


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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90152 001 ***158.75

DOCUMENT # P 960000 31876	
1. Entity Name LOGISTICAL TECHNOLOGIES, INC	

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60010250

2. Principal Place of Business 5450 BENTGRASS DR		3. Mailing Address 5450 BENTGRASS DR	
Suite, Apt. #, etc. SUITE 118		Suite, Apt. #, etc. SUITE 118	
City & State SARASOTA FL		City & State FL SARASOTA FL.	
Zip 34235	Country U.S.A	Zip 34235	Country USA

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DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0678865		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name STEPHAN P. SCHWARTZ Street Address (P.O. Box Number is Not Acceptable) 5450 BENTGRASS DR. City SARASOTA FL Zip Code 34235		

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS.			
TITLE	NAME	TITLE	NAME
	PO. STEPHAN P. SCHWARTZ		
	5450 BENTGRASS DR		
	SARASOTA FL. 34235		
	VSTO		
	RICHARD E SCHWARTZ		
	5450 BENTGRASS DR		
	SARASOTA FL. 34235		

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____	21 JAN 03	341-941-504 9197
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)