

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047969

1. Entity Name

LOGUE ENTERPRISES, INC.

FILED

Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90293 026 \*\*\*150.00

Principal Place of Business

1820 COLONIAL BLVD  
SUITE 101  
FT MYERS FL 33907  
US

Mailing Address

1820 COLONIAL BLVD  
SUITE 101  
FT MYERS FL 33907  
US

2. Principal Place of Business

2503 DEL PRADO BLVD  
SUITE 301  
CAPE CORAL FL  
33904

3. Mailing Address

2503 DEL PRADO BLVD  
SUITE 301  
CAPE CORAL FL  
33904



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0765899

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LOGUE, PATRICK  
C/O FIRST HOME BUILDERS  
1820 COLONIAL BLVD., SUITE 101  
FT MYERS FL 33907

7. Name and Address of New Registered Agent

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOGUE, PATRICK	
STREET ADDRESS	1820 COLONIAL BLVD., SUITE 101	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	<del>CHARLES MILLER</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGUE, PATRICK	
STREET ADDRESS	1820 COLONIAL BLVD., SUITE 101	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES MILLER	
STREET ADDRESS	2503 DEL PRADO BLVD #301	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 #

CR2E034 (10/00)