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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200017313042
04/29/03--01061--033 **300.00

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DOCUMENT # P98000009533

1. Entity Name: LOGAN TOOLS INC

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2. Principal Place of Business	3. Mailing Address
4400 - 118th AV. N	P O BOX 20803
Suite, Apt. #, etc.: 205	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: ST PETERSBURG FL
Zip: 33762 Country	Zip: 33742 Country

4. FEI Number: 59-3484900 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Michael P Logan

Street Address (P.O. Box Number is Not Acceptable): 4400 - 118th AV N. #205

City: CLEARWATER FL Zip Code: 33762

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	P
NAME	MICHAEL P. LOGAN
STREET ADDRESS	4400 - 118th AV. N
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034S (12/01)

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: Michael Logan 4-04-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Per conversation MICHAEL LOGAN ...

Payment

Patrick W. Robson

Accountant

205 – 150th Avenue
Madeira Beach, Fl 33708-2007
(727) 399-0385 • Fax: (727) 394-8623
E-mail: **pwr91@juno.com**

Dear Tyrone Scott:

Per our conversation on 04-21-03, I am forwarding the documents that were returned to Logan Tool Inc. Please contact me at the above phone number if you need any thing further.

Robert Robson