2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000028692

1. Entity Name

LOGAN ENTERPRISES, INC.



Feb 12, 2003 8:00 am Secretary of State **FILED**

02-12-2003 90082 028 ***158.75

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LABRET, STEVEN M 226 HILLOREST STREET ORIANDO FL 32801 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered Agent algorithm and accept the obligations of registered agent. FILE NOW!! FEE \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TILE DIANICK, CERALD URANICK, CERALD URANICK, CERALD URANICK, CAROL STREET ADDRESS OTF-51-7P ORIANDO FL 32805 TILE URANICK, CAROL STREET ADDRESS OTF-51-7P ORIANDO FL 32805 OTF-51-7P TILE URANICK, CAROL STREET ADDRESS OTF-51-7P TILE URANICK STREET	Zip Country			Zip Country		try	5. Certificate	of Status Desired		8.75 Add	ditional
LABRET, STEVEN M 226 HILLCREST STREET ORLANDO FL 32801 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. I am familiar with, and accept the obtigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obtigations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE U URANICK, GERALD URANICK, GERALD URANICK, CAROL URANDO FL 32805		6 Nama	and Address of Current	Registered Agent							
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent. Signatural Signatural printed name of togstered agent and late if applicable (NOTE Registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent. Signatural printed name of togstered agent and late if applicable (NOTE Registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent. Signatural printed name of togstered agent. (NOTE Registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Fiorids. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Fiorids. I am familiar with, and accept the printed agent and store is applicable. (NOTE Registered Agent signatural registered when reincatural)	ORLANDO	FL 32801									ł
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: