## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P98000034347 LOGAN SERVICES INC. 03-22-2000 90075 050 \*\*\*150.00 Principal Place of Business Mailing Address 30636 HOYLAKE ST 30636 HOYLAKE ST MT PLYMOUTH FL 32776-9252 MT PLYMOUTH FL 32776-9252 2. Principal Place of Business 3. Mailing Address 4301 N Hwy 19-A # 137 4301 N Hwy 19-A #137 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Mt\_Dora Applied For City & State 4. FEI Number 59-3504800 Mt Dora F1 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32757 USA 32757 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEINZELMAN, JOHN L Street Address (P.O. Box Number is Not Acceptable) 30636 HOYLAKE ST 4301 N Hwy 19-A #137 MT PLYMOUTH FL 32776-9252 City Mt Dora 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 FILE NOW!!!-FEE:IS:\$150.00:--9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** X Change ☐ Addition ☐ Delete TITLE TITLE HEINZELMAN, JOHN L NAME NAME 4301 N Hwy 19-A #137 STREET ADDRESS 30636 HOLYLAKE ST STREET ADDRESS Mt Dora F1 32757 CITY-ST-ZIP CITY-ST-ZIP MT PLYMOUTH FL 32776-9252 Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - [ ] Addition - Change -- Delete- ----TITLE: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayLime Phone #