

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043858

1. Entity Name

ALLIED LOGIC, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90172 043 ***150.00

80005108



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

13700 SUTTON PARK DR N #211
JACKSONVILLE FL 32224

13700 SUTTON PARK DR N #211
JACKSONVILLE FL 32246-7151

2. Principal Place of Business

3. Mailing Address

2468 Glassy Water Lane Suite, Apt. #, etc.

2468 Glassy Water Lane Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3524889

Applied For

Not Applicable

Zip

Country

32246 USA

Zip

Country

32246 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARLSON, ROBERT M
13700 SUTTON PARK DR N #211
JACKSONVILLE FL 32224

Name

Street Address (P.O. Box Number is Not Acceptable)

2468 Glassy Water Lane

City

Jacksonville

FL

Zip Code

32246

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 Robert M. Carlson President 1/12/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	Carlson, Robert M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, ROBERT M	NAME	2468 Glassy Water Lane
STREET ADDRESS	13700 SUTTON PARK DR N #211	STREET ADDRESS	Jacksonville, FL 32246
CITY-ST-ZIP	JACKSONVILLE FL 32224	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Robert M. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/00

Daytime Phone #

904-821-0987

CR2E034 (9/99)