

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059921

1. Entity Name

LOGO SHIRTS INTERNATIONAL, INC.

Principal Place of Business

PO BOX 740102
BOYNTON BEACH FL 33474
US

Mailing Address

PO BOX 740102
BOYNTON BEACH FL 33474
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0848211

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEWON, RIKKI P
7421 WATER DANCE WAY
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name RIKKI P. MICHAELSON

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

7421 WATER DANCE WAY

City LAKE WORTH

FL

Zip Code 33467

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 S
NAME MICHAELSON, ROBERT P
STREET ADDRESS PO BOX 740102
CITY-ST-ZIP BOYNTON BEACH FL 33474-0102

☐ Delete

TITLE CEO
NAME MICHAELSON, RIKKI P
STREET ADDRESS PO BOX 740102
CITY-ST-ZIP BOYNTON BEACH FL 33474-0102

☐ Delete

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Rikki P. Michaelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/01

Date

(954) 485-8599

Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90039 049 ***150.00

000002



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)