

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073162

1. Entity Name  
LOGICAL DECISION CONSULTING, INC.

**FILED**  
**Jul 28, 2000 8:00 am**  
**Secretary of State**

07-28-2000 90151 021 \*\*\*150.00

Principal Place of Business  
322 4TH ST  
ATLANTIC BEACH FL 32233

Mailing Address

322 4TH ST  
ATLANTIC BEACH FL 32233

2392 COVINGTON CREEK  
CIRCLE EAST  
JACKSONVILLE, FL 32224

2. Principal Place of Business

2392 COVINGTON CREEK  
CIRCLE EAST  
JACKSONVILLE, FL

3. Mailing Address

2392 COVINGTON CREEK  
CIRCLE EAST  
JACKSONVILLE, FL



DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

4. FEI Number 59-3528292

Applied For  
Not Applicable

Zip 32224 Country USA

Zip 32207 Country 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

LEPRELL, SAMUEL L  
1930 SAN MARCO BLVD  
ST MARK'S PLACE, STE 201  
JACKSONVILLE FL 32207

Name

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

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.

SIGNATURE WILLIAM HADEN

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	D	<input type="checkbox"/> Delete
NAME	HADEN, WILLIAM H	
STREET ADDRESS	322 4TH ST	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM H. HADEN	
STREET ADDRESS	2392 COVINGTON CREEK CIRCLE E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

WILLIAM H. HADEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/11/2000 904-231-7011  
Date Daytime Phone #

CR2E034 (5/00)

Attachment  
#1980073102  
DU75259

Payment is 150<sup>00</sup> due to not  
receiving first notice I filed  
my new address on 11/04/99 but  
did not get anything from you.

LOCAL DECISION Consulting  
2392 Covington Creek Circle E.  
JACKSONVILLE, FL 32229  
39-3528292

WILLIAM HADEN, PRESIDENT  
William Haden 07/25/2000