

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076992

1. Entity Name

Logically International, Inc

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90004 031 ***150.00

Principal Place of Business

Mailing Address

9950 62nd Terr. No. #116 9950 62nd Terr. No. #116
St. Petersburg, FL 33708 St. Petersburg, FL 33708

2. Principal Place of Business

3. Mailing Address

12800 Indian Rocks Rd 12800 Indian Rocks Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

Suite 5

City & State

City & State

Largo, FL

Largo, FL

Zip

Country

Zip

Country

33774

USA

33774

USA

4. FEI Number

59-3527548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Keri Leake
9950 62nd Terrace N.
#116
St. Petersburg, FL 33708

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, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PD
Keri Leake
9950 62nd Terr. No. #116
St. Petersburg, FL 33708

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

727-517-8858