

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028637

1. Entity Name
LOGICWEB INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90053 008 ***150.00

Principal Place of Business

Mailing Address

5010 47TH AVE..WEST.#1707
BRADENTON FL 34210

5010 47TH AVE..WEST.#1707
BRADENTON FL 33647-2868

2. Principal Place of Business

18106 LATIMER LANE

3. Mailing Address

18106 LATIMER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

TAMPA

4. FEI Number

65-0918949

Applied For

Not Applicable

Zip

33647

Country

USA

Zip

33647

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

DHULIPALA, KALA S
5010 47TH AVE..WEST.#1707
BRADENTON FL 34210

Name

DHULIPALA, KALA S.

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

18106 LATIMER LANE

City

TAMPA

FL

Zip Code

33647

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 Kala Dhulipala V/T/S.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/2000

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

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
NAME	
STREET ADDRESS	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	DHULIPALA, MURTHY K.
CITY-ST-ZIP	18106 LATIMER LANE TAMPA FL 33647
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/T/S/D
STREET ADDRESS	DHULIPALA, KALA S.
CITY-ST-ZIP	18106 LATIMER LANE TAMPA FL 33647
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
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: Krishna S. MURTHY KRISHNA DHULIPALA / PRESIDENT 4/24/2000 813-907-7761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7761

CR2E034 (9/99)