

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

5/5/2003-91771-043-\$150.00-\$150.00


**FILED**

03 JUN 19 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000035617**

1. Entity Name  
**LOGICAL VISIONS, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5102 INDEPENDENCE DR.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**FAIRFIELD, CA**

City & State

Zip  
**94533**

Country  
**USA**

Country

4. FEI Number  
**59-3582250**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

03

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Capital Connection, Inc.**

Street Address (P.O. Box Number is Not Accepted)  
**417 E. Virginia St.**

City  
**Tallahassee, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Stacey Lesepp

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC LANE, C. ROBERT 5102 INDEPENDENCE DR. FAIRFIELD, CA 94533</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Robert Lane **4/28/03** **707-426-5123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)