

**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.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

FAIRFIELD, CA

City & State

4. FEI Number

59-3582250

Applied For

Not Applicable

Zip

94533

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

Suite #1

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 Lippett

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1st Fee is \$150.00

After May 1st Fee is \$350.00

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
PC
LANE, C. ROBERT
5102 INDEPENDENCE DR.
FAIRFIELD, CA 94533

TITLE
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IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

707-426-5123

Daytime Phone

CR2E034B (12/02)