

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90440 049 ***150.00

DOCUMENT # P99000040338

1. Entity Name

LOGOMOTION SCOOTERS, INC.

Principal Place of Business

16 A CASTILLO DRIVE
ST. AUGUSTINE FL 32084

Mailing Address

16 A CASTILLO DRIVE
ST. AUGUSTINE FL 32084

2. Principal Place of Business

806 Anastasia Blvd
Suite, Apt. #, etc.

3. Mailing Address

806 Anastasia Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St Augustine, FL

City & State

St. Augustine FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32084

Country

USA

Zip

32084

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, MICHAEL P
16 A CASTILLO DRIVE
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: Michael P Anderson
Street Address (P.O. Box Number is Not Acceptable): 806 Anastasia Blvd
City: St. Augustine FL Zip Code: 32084

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

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, MICHAEL P	
STREET ADDRESS	16 A CASTILLO DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LINDA F	
STREET ADDRESS	16 A CASTILLO DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Michael P Anderson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael P Anderson	
STREET ADDRESS	806 Anastasia Blvd	
CITY-ST-ZIP	St. Augustine FL 32084	
TITLE	Linda Brown	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Brown	
STREET ADDRESS	806 Anastasia Blvd	
CITY-ST-ZIP	St. Augustine FL 32084	
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:

Linda Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

20 April

Daytime Phone #

904-824-7151

CR20F034 (9/99)