

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90068 044 ***158.75

DOCUMENT # P99000058914**1. Entity Name**
REAL LOGIC, INC.**Principal Place of Business**
125 WORTH AVE., SUITE 302
PALM BEACH FL 33480**Mailing Address**
125 WORTH AVE., SUITE 302
PALM BEACH FL 33480**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**NOT APPLICABLE**

Applied For

Not Applicable

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****POSNER, MICHAEL J**
125 WORTH AVE., SUITE 302
PALM BEACH FL 33480

Name

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

City

FL

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.

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, 2002 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**
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUVLER, SCOTT R
8130 WESTLAKE DRIVE
WEST PALM BEACH FL 33406 ☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MICHAEL J POSNER
125 WORTH AVE, SUITE 302
PALM BEACH, FLORIDA 33480 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MONAHAN, KEVIN
3858 CORAL TREE CIRCLE #308
COCONUT CREEK FL 33073 ☒ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
SOL, TRESSA
ROAD TOLLWAY
125 WORTH AVE, SUITE 302
PALM BEACH, FLORIDA 33480 ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
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STREET ADDRESS
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☐ Delete**TITLE**
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CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (9/01)