

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070182

1. Entity Name
LOGHOME.COM CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90011 041 ***150.00

Principal Place of Business
7350 SOUTH TAMiami TRAIL
PMB H80
SARASOTA FL 34231

Mailing Address
7350 SOUTH TAMiami TRAIL
PMB H80
SARASOTA FL 34231-7000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12 CLEARWATER MALL

3. Mailing Address
12 CLEARWATER MALL

Suite/Apt. #, etc.
108

Suite/Apt. #, etc.
108

City & State
CLEARWATER, FL.

City & State
CLEARWATER, FL.

4. FEI Number
65-0939455

Applied For
Not Applicable

Zip
33764

Country
USA

Zip
33764

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
CHARLES SMALL

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

12 CLEARWATER MALL, SUITE 108

City
CLEARWATER

FL

Zip Code
33764

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

4-20-00
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
TICE, C T
7350 SOUTH TAMiami TRAIL
SARASOTA FL 34231 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CHARLES SMALL
12 CLEARWATER MALL SUITE 108
CLEARWATER, FL. 33764 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ 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 errors corrected.

SIGNATURE:

4-20-00
Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)