2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 am Secretary of State DOCUMENT # 128707 1. Entity Name 05-14-2002 90312 048 ***150 00 LONGINO RANCH, INC. Principal Place of Business Mailing Address 26111 TURPENTINE STILL RD 26111 TURPENTINE STILL RD SIDELL FL 34266 SIDELL FL 34266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0758782 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONGINO, MR. BT Street Address (P.O. Box Number is Not Acceptable) 25501 TAMPENAL TRAIL SIDELL FL 34266 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criterja on back) Make Check Payable to Department of State . OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME longino Jr. B t STREET ADDRESS STREET ADDRESS 25501 TAMPENSI TRAIL CHTY-ST-ZIP CITY-ST-ZIP arcadia FL 34266 TITLE ☐ Delete ۷D TITLE Change Addition NAME NAME Purvis, J.T. STREET ADDRESS STREET ADDRESS 3212 ANGUS DRIVE CITY-ST-ZIP PRESCOTT AZ 86301 CITY-ST-ZIP TITLE ☐ Delete THILE NAME NAME Minton, John L STREET ADDRESS STREET ADDRESS 4905 4TH STREET CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 Delete TITLE TITLE ☐ Change ☐ Addition NAME PURVIS, M/L NAME STREET ADDRESS 3210 ANGUS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Presport,</u> arizona o Delete TITLE TITLE ☐ Change ☐ Addition NAME MINTON, JOHN L STREET ADDRESS STREET ADDRESS 4905 4TH STREET CITY-ST-ZIP CITY-ST-ZIP <u>Vero⁄Beach Fl 32968</u> ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-71P CITY-ST-ZIP

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

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.