2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State
08-01-2003 90058 043 ***150.00

DOCUMENT # P02000084950

1. Entity Name
LONGWOOD ISLAND, INC.

Principal Place of Business	Mailing Address
1053 PEBBLE BEACH CIRCLE WEST WINTER SPRINGS FL 32708	1053 PEBBLE BEACH CIRCLE WEST WINTER SPRINGS FL 32708

☑ CHECK HERE IF MAKING CHANGES

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 20-0117705 — 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
SIMMONS, CLAYTON D ESQ. 200 WEST FIRST STREET SUITE 22 SANFORD FL 32771	Name: Jim Kenney Street Address (P.O. Box Number is Not Acceptable): 1053 Pebble Beach Cir W. City: Winter Springs FL Zip Code 32708

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KENNEY, JAMES E		NAME		
STREET ADDRESS	1053 PEBBLE BEACH CIRCLE WEST		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/03)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED James E. Kenney Pres 7/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

$01352OH

Longwood Island, Inc. #P02000084950

1053 Pebble Beach Circle W.
Winter Springs, Florida 32708

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302- 1500

To whom it may concern:

We did not receive a prior notice on the filing.

Please accept our check for $150 covering the filing.

Thank You.

Sincerely,

Jim Kenney Pres.

Jim Kenney Pres.