

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000069400**

1. Entity Name
LONGWOOD GREEN VILLAGE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90083 016 ***150.00

Principal Place of Business
**5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707**

Mailing Address
**5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3264430**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**OWEN, RICHARD B
5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707**

Name

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

City

ST. 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 is also acceptable)

(NOTE: Registered Agent's 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, 2001 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	PS	☐ Delete
NAME	PINKNEY, BRIAN	
STREET ADDRESS	4 KEILY CRESS	
CITY-STATE-ZIP	BOLTON ONTARIO, CANADA L4E5T1	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PIT/SD	☒ Change ☐ Addition
NAME	PINKNEY BRIAN	
STREET ADDRESS	390 KING ST	
CITY-STATE-ZIP	CAKVILLE ON CAN.	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Pinkney

BRIAN PINKNEY

4/20/01

905 3371324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (10/00)