

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90189 007 ***150.00

DOCUMENT # P97000070956



1. Entity Name
LONGWOOD COMMERCE CENTER, INC.

Principal Place of Business
**499 N STATE ROAD 434
SUITE 2179
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**499 N STATE ROAD 434
SUITE 2179
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3467612**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLINGSWORTH, GEORGE R II
499 N SR 434
SUITE 2179
ALTAMONTE SPRINGS FL 32714**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	MOORE, B J	
STREET ADDRESS	499 N SR 434, SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINFORD, T A	
STREET ADDRESS	499 N SR 434, SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, TRACY S	
STREET ADDRESS	499 N SR 434 SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, G R II	
STREET ADDRESS	499 N SR 434 SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an otherwise empowered.

SIGNATURE: *George R. Hollingsworth* Date: *1/29/03* 407-801-9600
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)