

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 227966**

1. Entity Name

LONG THIRTY CORP

Principal Place of Business

Mailing Address

P.O. BOX 65
POINSETTIA AVE. E. OF 3RD ST.
ALTURAS FL 33820P.O. BOX 65
POINSETTIA AVE. E. OF 3RD ST.
ALTURAS FLA 33820-0065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****PERDUE, J W**
POINSETTIA AVE. E. OF 3RD ST.
ALTURAS FL 33820

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.

SIGNATURE

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

(NOTE: Registered Agent 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **PERDUE, J W**
CITY-ST-ZIP **POINSETTIA AVE E OF 3 ST**
ALTURAS FLTITLE ☐ Delete
NAME **ST**
STREET ADDRESS **DONAHUE, SUSAN E**
CITY-ST-ZIP **2065 FLAMINGO DR**
BARTOW FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

J.W. PERDUE, PRESIDENT 863-537-1022 01/05/00**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED**Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90018 048 ***150.00

600703

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0889503**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required