

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 270128

1. Entity Name

BUFORD LONG EQUIPMENT COMPANY

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90008 035 \*\*\*150.00

Principal Place of Business

BUFORD LONG EQUIPMENT COMPANY  
 909 S. 6TH AVENUE  
 WAUCHULA FL 33873  
 US

Mailing Address

909 S 6TH AVENUE  
~~909 S 6TH AVE~~ 909 S 6th Ave  
 WAUCHULA FL 33873-1660  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

909 S 6th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WAUCHULA FL

4. FEI Number

59-1004074

Applied For

Not Applicable

Zip

Country

Zip

33873

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

LONG, BUFORD E  
 909 S. 6TH AVENUE  
 WAUCHULA FL

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 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 PD ☐ Delete  
 NAME LONG, BUFORD  
 STREET ADDRESS 909 S. 6TH AVENUE, P. O. BOX 1660  
 CITY-ST-ZIP WAUCHULA, FL 0

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 909 S 6TH AVE  
 CITY-ST-ZIP WAUCHULA FL 33873

TITLE T ☐ Delete  
 NAME LONG, SAMMIE W.  
 STREET ADDRESS 909 S. 6TH AVENUE, P. O. BOX 1660  
 CITY-ST-ZIP WAUCHULA, FL 0

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS 909 S 6TH AVE  
 CITY-ST-ZIP WAUCHULA FL 33873

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ 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.

SIGNATURE:

*Buford E. Long*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

863-773-4156

Daytime Phone #

CR2E034 (9/99)