2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 AM
Secretary of State

DOCUMENT# 506205

Entity Name: LONG WELDING & FABRICATING, INC.

Current Principal Place of Business:

1905 NE SANTA FA BLVD
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1813
HIGH SPRINGS, FL 32655 US

New Mailing Address:

FEI Number: 59-1680931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, ROBERT G.
9719 NW COUNTY ROAD 235
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LONG, ROBERT G.,
Address: 9719 NW CO ROAD 235
City-St-Zip: ALACHUA, FL

Title: D ( ) Delete
Name: COX, PATRICIA L.,
Address: RT 2 BOX 833
City-St-Zip: HIGH SPRINGS, FL

Title: VD ( ) Delete
Name: LONG, DANIEL F.,
Address: STATE ROAD 235
City-St-Zip: ALACHUA, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LONG, ROBERT G.,
Address: 9719 NW CO ROAD 235
City-St-Zip: ALACHUA, FL 32615 US

Title: D (X) Change ( ) Addition
Name: COX, PATRICIA L.,
Address: RT 2 BOX 833
City-St-Zip: HIGH SPRINGS, FL 32643 US

Title: VD (X) Change ( ) Addition
Name: LONG, DANIEL F.,
Address: STATE ROAD 235
City-St-Zip: ALACHUA, FL 32615 US

Title: VD ( ) Change (X) Addition
Name: LONG, WILLIAM J.,
Address: 1230 SE PALM AVE.
City-St-Zip: HIGH SPRINGS, FL 32643 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. COX D 04/26/2002

Electronic Signature of Signing Officer or Director Date