

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90399 030 ***150.00

001200 4V

DOCUMENT # 579652



1. Entity Name
LONG POINT ENTERPRISES, INC.

Principal Place of Business
**6001 EAST HIGHWAY 98
PANAMA CITY FL 32404**

Mailing Address
**6001 EAST HIGHWAY 98
PANAMA CITY FL 32404**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1841723**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**HENDRICK, PAUL D.
6001 EAST HIGHWAY 98
PANAMA CITY FL 32404**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete HENDRICK, PAUL D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICK, PAUL D	NAME	
STREET ADDRESS	6001-E HWY 98	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete HENDRICK, PETER M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICK, PETER M	NAME	
STREET ADDRESS	6001 E HWY 98	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete HENDRICK, DOROTHY M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICK, DOROTHY M	NAME	
STREET ADDRESS	6001 E HWY 98	STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE:

Dorothy M. Hendrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

850-871-4805

Daytime Phone #

CR2E034 (10/02)