2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State
02-14-2003 90215 047 ***150.00

DOCUMENT # 579711

1. Entity Name
LONGEVAL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103-3060 US	C/O QUARLES & BRADY LLP 4501 TAMIAMI TR N #300 NAPLES FL 34103-3060 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4001 TAMIAMI TRAIL NORTH	C/O BOND SCHOENECK & KING PA
Suite, Apt. #, etc. SUITE 250	Suite, Apt. #, etc. 4001 TAMIAMI TR N #250
City & State NAPLES FL	City & State NAPLES FL
Zip / Country 34103 / US	Zip / Country 34103 / US

4. FEI Number 59-1837697 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NAPLES LAWDOCK, INC.
C/O QUARLES & BRADY LLP
4501 TAMIAMI TRAIL N STE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: F. JOSEPH McMACKIN III
Street Address (P.O. Box Number is Not Acceptable): 4001 TAMIAMI TRAIL N
SUITE 250
City: NAPLES **FL** Zip Code: 34103

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCMACKIN, ELIZABETH S 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCMACKIN, F. JOSEPH III 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SPIRO, MARY ANN 4501 TAMIAMI TRAIL NORTH, SUITE 300 NAPLES FL 34103	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCMACKIN, S, ELIZABETH 4001 TAMIAMI TRAIL NORTH, SUITE 250 ~~NAPLES, FL 34103~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCMACKIN, F. JOSEPH III 4001 TAMIAMI TRAIL NORTH, SUITE 250 ~~NAPLES, FL 34103~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SPIRO, MARY ANN 4001 TAMIAMI TRAIL NORTH, SUITE 250 NAPLES, FL 34103	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED _____ PBDP 239 262 8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #