

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90021 048 \*\*\*150.00

**DOCUMENT # F98000005188**

1. Entity Name

**LONGCROFT LIMITED INC.**

Principal Place of Business

**C/O THOMAS C. EOBERGE  
ONE BEACH DRIVE SE. SUITE 220  
ST PETERSBURG FL 33701**

Mailing Address

**C/O THOMAS C. EOBERGE  
ONE BEACH DRIVE SE. SUITE 220  
ST PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2119944**

Applied For

Not Applicable

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

**ROBERGE, THOMAS C  
C/O THOMAS C. EOBERGE  
ONE BEACH DRIVE SE, SUITE 220  
ST PETERSBURG FL 33701**

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, 2002 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 **D** ☐ Delete  
NAME **MARTIN, KISHMA**  
STREET ADDRESS **P.O. BOX 3151, ROAD TOWN**  
CITY-ST-ZIP **TORTOLA, BRITISH VIRGIN ISL**

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

TITLE **D** ☐ Delete  
NAME **BAPTISTE, CORNEL**  
STREET ADDRESS **P.O. BOX 3151, ROAD TOWN**  
CITY-ST-ZIP **TORTOLA, BRITISH VIRGIN ISL**

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

TITLE **D** ☐ Delete  
NAME **PERKINS, JOHN H**  
STREET ADDRESS **JARDINE HOUSE 1 WESLEY STREET**  
CITY-ST-ZIP **ST HELLER JERSEY JE48UD**

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

TITLE **D** ☐ Delete  
NAME **CHALMERS-HUNT, DAVID**  
STREET ADDRESS **JARDINE HOUSE 1 WESLEY STREET**  
CITY-ST-ZIP **ST HELLER JERSEY JE48UD**

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

TITLE **JANET R.** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **JANET RAINL** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS **P.O. BOX 546, 28-30 THE PARADE**  
CITY-ST-ZIP **ST. HELLER, JERSEY JE4 8XY, CHANNEL ISLANDS, UK**

TITLE **S** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **CLAIRE MACHIN**  
STREET ADDRESS **P.O. BOX 546, 28-30 THE PARADE**  
CITY-ST-ZIP **ST. HELLER, JERSEY JE4 8XY, CHANNEL ISLANDS, UK**

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: JANET RAINL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**For Wesley Secretaries Limited, Secretary 727 822 9393**  
Date 2/1/02 Daytime Phone #

CR2E034 (9/01)

Attachment # F9 8000005188

- INTERNATIONAL TAXATION -

**THOMAS C. ROBERGE & COMPANY**

CERTIFIED PUBLIC ACCOUNTANTS

BRENT S. MCLEAN, CPA  
THOMAS C. ROBERGE, CPA

February 4, 2002

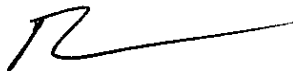
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

RE: LONGCROFT LIMITED INC.

To Whom It May Concern:

I am the Florida Registered Agent for the above referenced company. Enclosed is our check for \$150.00 for the 2002 Uniform Business Report.

Sincerely,



Thomas C. Roberge, CPA

TCR/c  
Enclosures