

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90060 010 ***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

90023291



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2119944**

Applied For

Not Applicable

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

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. 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

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

TITLE **DIRECTOR-JOHN PERKINS** ☒ Change ☐ Addition
NAME **BERARD LIMITED (JOHN PERKINS)**
STREET ADDRESS **BEAUFORT HOUSE, PO BOX 438, ROAD TOWN,**
CITY-ST-ZIP **TORTOLA, BRITISH VIRGIN ISLANDS**

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 **AD** ☒ 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 **V** ☒ Delete
NAME **RAINE, JANET**
STREET ADDRESS **P.O. BOX 546, 28-30 THE PARADE**
CITY-ST-ZIP **ST. HELLER, CHANNEL ISLANDS JE4- 8XY**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **FOR AND ON BEHALF OF BERARD LIMITED, DIRECTOR**
JOHN PERKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29/1/03
Date

727 8229393
Daytime Phone #

CR2E034 (10/02)