

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H10848

1. Entity Name

BALDA LONGEN, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90214 023 \*\*\*150.00

Principal Place of Business

Mailing Address

3119 CLARK RD.  
SARASOTA FL 34231-7307

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SARASOTA FL 34231-7307

3119 CLARK RD

3119 CLARK RD

SARASOTA, FL 34231-7307

SARASOTA, FL 34231-7307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2655 GULFSTREAM DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FLA

City & State

SAME

4. FEI Number

59-2444228

Applied For

Not Applicable

Zip

Country

33023

BROWARD

Zip

Country

SAME

SAME

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

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 MASON, JOE

April 25, 2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	LONGEN, FRANCIS J	
STREET ADDRESS	3119 CLARK RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BALDA, EMMA JO	
STREET ADDRESS	3119 CLARK RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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: X Francis J. Longen  
FRANCIS J. LONGEN

April 25, 2000 / 954-983-3391

Date

Daytime Phone #