

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90276 001 ***300.00

DOCUMENT # K20211

1. Entity Name

HOWARD LONG CO., INC.

Principal Place of Business

Mailing Address

C/O 203 SOUTH LAKE TRAIL
 ATTN: HOWARD W. LONG
 PALM BEACH FL 33480
 US

P.O. BOX 6688
 WHEELING WV 26003
 US

2. Principal Place of Business

3. Mailing Address

235 So. County Rd

PO Box 3127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#203

#203

City & State

City & State

PB, FL

PB, FL

Zip

Country

Zip

Country

33480

PB

33480

PB

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, HOWARD W
 203 SOUTH LAKE TRAIL
 PALM BEACH FL 33480

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, 2001 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 PD
 NAME LONG, HOWARD W
 STREET ADDRESS 203 SOUTH LAKE TRAIL
 CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME Long, Howard, W
 STREET ADDRESS PO Box 3127
 CITY-ST-ZIP PB, FL 33480

TITLE SVT
 NAME LONG, WENDY
 STREET ADDRESS 203 SOUTH LAKE TRAIL
 CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME Long, Wendy
 STREET ADDRESS PO Box 3127
 CITY-ST-ZIP PB, FL 33480

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)