

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90004 049 *****50.00

DOCUMENT # L00000009806

1. Entity Name

LONG WIND PUBLISHING, L.L.C.

Principal Place of Business

**2200 RIVER BRANCH DRIVE
 FORT PIERCE FL 34904**

Mailing Address

**2200 RIVER BRANCH DRIVE
 FORT PIERCE FL 34904**

2. Principal Place of Business

108 N. DEPOT DRIVE

Suite, Apt. #, etc.

3. Mailing Address

108 N. DEPOT DRIVE

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

Zip **34950**

Country **USA**

City & State

FT. PIERCE

Zip **34950**

Country

4. FEI Number

65-1102047 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WARD, JON H
 2200 RIVER BRANCH DRIVE
 FORT PIERCE FL 34904**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

108 N. DEPOT DR

City

FT. PIERCE

FL

Zip Code

34950

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

**MGR
 WARD, JON
 2200 RIVER BRANCH DRIVE
 FORT PIERCE FL 34904**

TITLE ☐ Delete

**MGR
 KRAL, JON
 2022 SW 25TH TERRACE
 FT. LAUDERDALE FL 33312**

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

TITLE ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

**108 N. DEPOT DR
 34950**

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/20/02 561-595-0268

CR2E083 (9/01)