

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91166 021 ***158.75

DOCUMENT # L31319

1. Entity Name

JEAN PAUL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3558 S. HOPKINS AVE.

3. Mailing Address

3558 S. HOPKINS AVE.

Suite, Apt. #, etc.

2 DUNBAR STREET, FLORIDA

Suite, Apt. #, etc.

City & State

TITUSVILLE, FLORIDA

City & State

TITUSVILLE, FLORIDA

Zip

32780

Country

U.S.A.

Zip

32780

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2981845

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LONG, ALMA JEAN

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

3558 S. HOPKINS AVENUE

City

TITUSVILLE,

FL

Zip Code

32780

**DO NOT WRITE
IN THIS SPACE**

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

CORP. CHECK NO. 17229=\$158.75

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LONG, ALMA JEAN
1805 DUNBAR STREET
TITUSVILLE, FLORIDA 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LONG, LONAS PAUL
1805 DUNBAR STREET
TITUSVILLE, FLORIDA 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LONG, KAREN J.
1805 DUNBAR STREET
TITUSVILLE, FLORIDA 32780**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other duly empowered.

SIGNATURE

Lonas P. Long

PRES. LONAS P. LONG

04/29/02

(321) 268-8044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)