FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91163 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L59236

1. Entity Name
WALLACE T. LONG, JR., C.P.A., P.A.

Principal Place of Business	Mailing Address
603 N. INDIAN RIVER DRIVE SUITE 300 FT PIERCE, FL 34950	603 N. INDIAN RIVER DRIVE SUITE 300 FT PIERCE, FL 34950

2. Principal Place of Business	3. Mailing Address
8133 SARATOGA WAY	8133 SARATOGA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST. LUCIE FL	City & State: PORT ST. LUCIE, FL
Zip: 34986 County: ST. LUCIE	Zip: 34986 County: ST. LUCIE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0180782 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, WALLACE T., JR.
415 S 2 ST
SUITE 200
FT PIERCE, FL 34950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 8133 SARATOGA WAY

City PORT ST. LUCIE FL Zip Code 34986

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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D LONG, WALLACE T., JR. 415 S 2 ST #200 FT PIERCE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 8133 SARATOGA WAY PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Wallace T. Long WALLACE T. LONG, JR 4/30/03 772-461-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #