

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90037 042 ***150.00

0080760 AV

DOCUMENT # L77780

1. Entity Name
LONGS' HOME MEDICAL SERVICES & EQUIPMENT, INC.

Principal Place of Business
3801 HIGHWAY 19-A
SUITE 408
MOUNT DORA FL 32757

Mailing Address
3801 HIGHWAY 19-A
SUITE 408
MOUNT DORA FL 32757

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3013630**

Applied For
 Not Applicable

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

LONG, DOTTIE C
3801 ST RD 19-A
SUITE 412
MOUNT DORA FL 32757

Name **Cullen, DOTTIE C**
 Street Address (P.O. Box Number is Not Acceptable)
SAME

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 **Dottie C. Cullen**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LONG, DOTTIE C**
 STREET ADDRESS **3801 HIGHWAY 19-A, STE 412**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **D/P/C** ☒ Change ☐ Addition
 NAME **Cullen, DOTTIE C**
 STREET ADDRESS **3801 Highway 19A, Ste 412**
 CITY-ST-ZIP **MOUNT DORA, FL 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Dottie C. Cullen**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 (352) 735-1120
 Date Daytime Phone #

CR2E034 (9/01)

Attachment L 74780/605075

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

Doc# 2000045552
Book: 1827
Page: 1221
Filed & Recorded
06/02/00 09:40:41 AM
JAMES C. WATKINS
CLERK OF CIRCUIT COURT
LAKE COUNTY

00-0529

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) ANDREW WILLIAM CULLEN			2. DATE OF BIRTH (Month, Day, Year) 10/22/55		
3a. RESIDENCE - CITY, TOWN, OR LOCATION TAVARES		3b. COUNTY LAKE		3c. STATE FL	
5a. BRIDE'S NAME (First, Middle, Last) DOROTHY CARBAUGH LONG			5b. MAIDEN SURNAME (If different) CARBAUGH		6. DATE OF BIRTH (Month, Day, Year) 6/25/55
7a. RESIDENCE - CITY, TOWN, OR LOCATION TAVARES		7b. COUNTY LAKE		7c. STATE FL	
			8. BIRTHPLACE (State or Foreign Country) NY		
			8. BIRTHPLACE (State or Foreign Country) FL		

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Andrew W. Cullen</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 5/19/00	
11. TITLE OF OFFICIAL JAMES C. WATKINS, CLERK OF COURT		12. SIGNATURE OF OFFICIAL (Use black ink) <i>James C. Watkins</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Dorothy Carbaugh Long</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 5/19/00	
15. TITLE OF OFFICIAL JAMES C. WATKINS, CLERK OF COURT		16. SIGNATURE OF OFFICIAL (Use black ink) <i>James C. Watkins</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

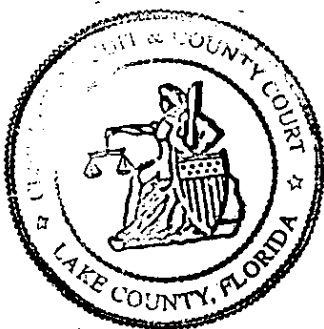
17. COUNTY ISSUING LICENSE LAKE	18. DATE LICENSE ISSUED 5/19/00	18a. DATE LICENSE EFFECTIVE 5/22/00	19. EXPIRATION DATE 7/21/00
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>James C. Watkins</i>		20b. TITLE CLERK OF CIRCUIT COURT	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) May 27, 2000		22. CITY, TOWN, OR LOCATION OF MARRIAGE Tavares Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>David S. Lindsay</i>		23c. ADDRESS (Of person performing ceremony) 601 N. Barrow Ave., Tavares, FL 32778	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) David S. Lindsay Clergy		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Alan Bullock</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Patricia Williams</i>	

SEAL



STATE OF FLORIDA COUNTY OF LAKE
I HEREBY CERTIFY, that the above and foregoing
is a true copy of the original filed in this office.

JAMES C. WATKINS, Clerk Circuit Court

By *Barbara K. Keadel* Deputy Clerk

Dated **7/17/00**