

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003944**

1. Entity Name

ADVOCATES IN ACTION, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90180 033 ****70.00

Principal Place of Business

**2315 MINNEOLA ROAD
CLEARWATER FL 33764**

Mailing Address

**2315 MINNEOLA ROAD
CLEARWATER FL 33764**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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, JOHNNY
2315 MINNEOLA ROAD
CLEARWATER FL 33764**

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

2/6/02**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution.**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LONG, JOHNNY	
STREET ADDRESS	2315 MINNEOLA RD	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE	VD	<input type="checkbox"/> Delete
NAME	LONG, MARION E	
STREET ADDRESS	2315 MINNEOLA RD	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE	STD	<input type="checkbox"/> Delete
NAME	LONG, DIONNA M	
STREET ADDRESS	2333 FEATHER SOUND DR	
CITY-ST-ZIP	CLEARWATER FL 33764	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

SIGNATURE REQUIRED**2/6/02****727-796-9319**

Date

Daytime Phone #

CR2E037 (9/01)