

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90799 001 ***300.00

DOCUMENT # P00000067148

1. Entity Name

LONG LAKE HOLDING COMPANY, INC.



Principal Place of Business

**8625 TWIN LAKE DRIVE
BOCA RATON FL 33496**

Mailing Address

**8625 TWIN LAKE DRIVE
BOCA RATON FL 33496**

55000979



2. Principal Place of Business

8760 TWIN LAKE DRIVE

3. Mailing Address

8760 TWIN LAKE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-1027710

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHARON, JAMES A
8625 TWIN LAKE DRIVE
BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name

JAMES A. SHARON

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

8760 TWIN LAKE DRIVE

City

BOCA RATON

FL

Zip Code

33496

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

Signature, typed or printed name of registered agent and title if applicable.

JAMES A. SHARON

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

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

TITLE **D** ☐ Delete
NAME **SHARON, JAMES A**
STREET ADDRESS **8625 TWIN LAKE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **D** ☐ Delete
NAME **SELLERS, STEVEN A**
STREET ADDRESS **4800 NW 58TH LANE**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☒ Addition
NAME
STREET ADDRESS **8760 TWIN LAKE DRIVE**
CITY-ST-ZIP

TITLE **VP** ☒ Change ☒ Addition
NAME
STREET ADDRESS **4100 NW 58TH LANE**
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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 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:

JAMES A. SHARON, PRES.

Date

Daytime Phone #

1/10/03 56-239-8549

CR2E034 (10/02)