

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90153 037 \*\*\*550.00

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**DOCUMENT # P00000096163**

1. Entity Name

**LONGO CUSTOM AIR FILTERS, INC.**

Principal Place of Business

**234 WEST MARVIN AVENUE  
 LONGWOOD FL 32750**

Mailing Address

**234 WEST MARVIN AVENUE  
 LONGWOOD FL 32750**

2. Principal Place of Business

**490 Baymeadow Rd**

3. Mailing Address

**490 BAYMEADOW ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Longwood, FL**

City & State

**LONGWOOD, FL**

4. FEI Number

**59-3675523**

Applied For

☐ Not Applicable

Zip

**32750**

Country

**USA**

Zip

**32750**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**ANTHONY LONGO**

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

**234 W. MARVIN AVENUE**

City

**LONGWOOD**

**FL**

Zip Code

**32750**

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.

**ANTHONY LONGO**

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-31-01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **PTD** ☐ Delete  
 NAME **LONGO, ANTHONY S**  
 STREET ADDRESS **234 WEST MARVIN AVENUE**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **S** ☐ Delete  
 NAME **EDWARDS, ADRIANNE X**  
 STREET ADDRESS **234 WEST MARVIN AVENUE**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

**ANTHONY LONGO, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-31-01**

Date

**(407) 831-5548**

Daytime Phone #

CR2E034 (5/01)