

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91406 006 ***150.00

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DOCUMENT # P00000116426	
1. Entity Name SHERRY S. LONG, P.A.	
Principal Place of Business 4527 PRINCESS LABETH COURT JACKSONVILLE FL 32258	Mailing Address 4527 PRINCESS LABETH COURT JACKSONVILLE FL 32258
2. Principal Place of Business 11923 MAGNOLIA FALLS DR	3. Mailing Address 11923 MAGNOLIA FALLS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 59-3697482	APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32258	Country USA	Zip 32258	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LONG, SHERRY S 4527 PRINCESS LABETH COURT JACKSONVILLE FL 32258		7. Name and Address of New Registered Agent Name SHERRY S. LONG Street Address (P.O. Box Number is Not Acceptable) 11923 MAGNOLIA FALLS DR City JACKSONVILLE FL Zip Code 32258	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME LONG, SHERRY	<input type="checkbox"/> Delete	TITLE P	NAME LONG, SHERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4527 PRINCESS LABETH CT			STREET ADDRESS 11923 MAGNOLIA FALLS DR		
CITY-ST-ZIP JACKSONVILLE FL 32258			CITY-ST-ZIP JACKSONVILLE, FL 32258		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Sherry S. Long **SHERRY S. LONG** 3-18-02 904-471-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)