

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90100 016 ***150.00

DOCUMENT # P01000012640

1. Entity Name
LONGPRE GROUP INC.

Principal Place of Business
2825 N COURSE DRIVE APT 209
POMPANO FL 33069

Mailing Address
2825 N COURSE DRIVE APT 209
POMPANO FL 33069



2. Principal Place of Business
230 S.W. LAKE FOREST WAY

3. Mailing Address
FLA. MD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT ST. LUCIE, FLORIDA

City & State

4. FEI Number
65-1073815

Applied For
 Not Applicable

Zip
34986

Country
U.S.A.

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LONGPRE, ETIENNE
2825 N COURSE DRIVE APT 209
POMPANO FL 33069

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
230 S.W. LAKE FOREST WAY
 City **PORT ST. LUCIE** FL **34986**

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]* **ETIENNE LONGPRE** **03/14/02**
 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **D LONGPRE, ETIENNE**
 STREET ADDRESS **2825 N COURSE DRIVE APT 209**
 CITY-ST-ZIP **POMPANO FL 33069**

TITLE ☐ Delete
 NAME **D LONGPRE, ROSALIE**
 STREET ADDRESS **2825 N COURSE DRIVE APT 209**
 CITY-ST-ZIP **POMPANO FL 33069**

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 **230 S.W. LAKE FOREST WAY**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **230 S.W. LAKE FOREST WAY**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

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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: *[Signature]* **ETIENNE LONGPRE** **03/14/02** **561-2895757**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)