

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-29-2002 90146 046 ***150.00

DOCUMENT # P01000075644

1. Entity Name

Longley, inc D/b/a Our Place

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

920 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Address

920 S. Tamiami Trail

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Nokomis FL

City & State

Nokomis FL

4. FEI Number

65-1133647

Applied For

☐ Not Applicable

Zip

34275

Country

Sarasota

Zip

34275

Country

Sarasota

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Marvin D. Long

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

613 Ravenna St

City

Venice

FL

Zip Code

34285

**DO NOT WRITE
IN THIS SPACE**

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 Marvin D. Long CEO

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

(NOTE: Registered Agent signature required when reinstating)

4/22/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P/m
NAME Marvin D. Long
STREET ADDRESS 613 Ravenna St
CITY-ST-ZIP Venice, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Pamela A. Long
STREET ADDRESS 613 Ravenna St
CITY-ST-ZIP Venice, FL 34285

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/c
NAME Dave E. Magley
STREET ADDRESS 1540 Poinciana Rd.
CITY-ST-ZIP Venice, FL 34293

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T
NAME Jennifer A. Magley
STREET ADDRESS 1540 Poinciana Rd.
CITY-ST-ZIP Venice, FL 34293

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marvin D. Long Marvin D. Long P/m 4/22/02 941-480-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #