

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90104 001 ***150.00
 02-18-2002 90104 002 *****8.75

DOCUMENT # P01000089104

1. Entity Name

M. LONGFELLOW PLANNING & DESIGN ASSOCIATES, INC.

Principal Place of Business

**7027 W BROWARD BLVD #299
 PLANTATION FL 33317**

Mailing Address

**7027 W BROWARD BLVD #299
 PLANTATION FL 33317**

2. Principal Place of Business

7381 NW 1ST MANOR

Suite, Apt. #, etc.

3. Mailing Address

7027 W. BROWARD BLVD.

Suite, Apt. #, etc.

299

City & State

PLANTATION, FL

Zip

33317

Country

USA

City & State

PLANTATION, FL

Zip

33317

Country

USA

4. FEI Number

65-1135020

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LONGFELLOW, MAUREEN

7027 W BROWARD BLVD #299

PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name

LONGFELLOW, MAUREEN

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

7381 NW 1ST MANOR

City

PLANTATION

FL

Zip Code

33317

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 Maureen Longfellow

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-2002

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**PRESIDENT
 MAUREEN LONGFELLOW
 7381 NW 1ST MANOR
 PLANTATION, FL 33317**

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: Maureen Longfellow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2002 954-327-1606

Date

Daytime Phone #

CR2E034 (9/01)