2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State **DOCUMENT #** P01000107318 1. Entity Name 04-10-2002 90022 020 ***150 00 OMETRIAS D. LONG & ASSOCIATES, P.A. Principal Place of Business Mailing Address 222 WEST COMSTOCK AVE STE 220 222 WEST COMSTOCK AVE STE 220 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 400 Park Ave South 400 Park Ave South Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 150 Suite 150 City & State City & State 4. FEI Number Applied For Winter Parl <u>Winter Park - </u> 59-2352965 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32789 Fee Required 32789 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Long, Ometrias D LONG, OMETRIAS D Street Address (P.O. Box Number is Not Acceptable) 400 Park Avenue South 222 WEST COMSTOCK AVE STE 220 Ste 150 WINTER PARK FL 32789 <u>Winter Park</u> 2789 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01) President ☐ Change X Addition NAME NAME Ometrias D. Long STREET ADDRESS STREET ADDRESS 400 Park Avenue South Ste 150 CITY-ST-ZIP CITY-ST-ZIP Winter Park FL 32789 TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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