

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90217 013 \*\*\*150.00

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**DOCUMENT # P01000116393**

**1. Entity Name**  
**LONGWOOD ENTERTAINMENT GROUP, INC.**

**Principal Place of Business**      **Mailing Address**  
**1936 GAMBOGE DRIVE**      **1936 GAMBOGE DRIVE**  
**ORLANDO FL 32822**      **ORLANDO FL 32822**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
**272 W. SR 434**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**LONGWOOD FL**  
**Zip**      **Country**      **Zip**      **Country**  
**32750**      **SEMIPOLE**

**4. FEI Number**      **Applied For**  
**01-0582784**      **Not Applicable**  
**5. Certificate of Status Desired**      **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**STONE, STEPHEN M**  
**725 NORTH MAGNOLIA AVENUE**  
**ORLANDO FL 32803**

**7. Name and Address of New Registered Agent**  
**Name**      **JAMES E. WALKER**  
**Street Address (P.O. Box Number is Not Acceptable)**      **1936 GAMBOGE DR**  
**City**      **ORLANDO**      **FL**      **Zip Code**      **32822**

**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**      **JAMES E. WALKER**      **SAMES E. WALKER P.S.T.O.**      **4-09-02**  
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**      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.      ☐

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALKER, JAMES E 1936 GAMBOGE DRIVE ORLANDO FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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

**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:**      **JAMES E. WALKER**      **4-9-02**      **407 694-3408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)