

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003435



1. Entity Name
TODD LONG, INC.

Principal Place of Business
530 E. CENTRAL BLVD., #404
ORLANDO FL 32801

Mailing Address
530 E. CENTRAL BLVD., #404
ORLANDO FL 32801

2. Principal Place of Business

1027 Guernsey St

Suite, Apt. #, etc.

3. Mailing Address

1027 Guernsey St

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

26-0028668

Applied For

Not Applicable

Zip 32804

Country USA

Zip 32804

Country USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, TODD
530 E. CENTRAL BLVD., #404
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name TODD LONG

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

1027 Guernsey St

City Orlando FL Zip Code 32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Todd Long

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/14/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election-Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LONG, TODD
STREET ADDRESS 530 E. CENTRAL BLVD., #404
CITY-ST-ZIP ORLANDO FL 32801

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TODD LONG
1027 Guernsey St
Orlando FL 32804

Change Addition

300023579423
10/06/03--01016--022 \$550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TS

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE REQ'D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/03 407 648-7430

00102961

CR2034 (4/03)