

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012649 AV

DOCUMENT # P02000003435

1. Entity Name
TODD LONG, INC.



FILED

03 SEP 22 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

City & State

Orlando FL

Zip 32804

Country USA

3. Mailing Address

1027 Guernsey St

Suite, Apt. #, etc.

City & State

Orlando FL

Zip 32804

Country USA

4. FEI Number

26-0028668

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Todd Long

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME TODD LONG
STREET ADDRESS 1027 Guernsey St
CITY-ST-ZIP Orlando FL 32804

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/03 407 648-7430

CR2E034 (4/03)