2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2003
Secretary of State

DOCUMENT# P02000006477

Entity Name: D.P. LONG, INC.

Current Principal Place of Business:

1234 WATERSIDE LN
VENICE, FL 34292

New Principal Place of Business:

101 W. VENICE AVE
STE. # 7
VENICE, FL 34285

Current Mailing Address:

1234 WATERSIDE LN
VENICE, FL 34292

New Mailing Address:

FEI Number: 94-3414426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONG, DAVID P
1234 WATERSIDE LN
VENICE, FL 34292

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: LONG, DAVID P
Address: 1234 WATERSIDE LANE
City-St-Zip: VENICE, FL 34292

Title: D ( ) Change (X) Addition
Name: LONG, DAVID P
Address: 1234 WATERSIDE LANE
City-St-Zip: VENICE, FL 34292

Title: T ( ) Change (X) Addition
Name: LONG, DAVID P
Address: 1234 WATERSIDE LANE
City-St-Zip: VENICE, FL 34292

Title: CHM ( ) Change (X) Addition
Name: LONG, DAVID P
Address: 1234 WATERSIDE LANE
City-St-Zip: VENICE, FL 34292

Title: P ( ) Change (X) Addition
Name: LONG, DAVID P
Address: 1234 WATERSIDE LANE
City-St-Zip: VENICE, FL 34292

Title: S ( ) Change (X) Addition
Name: LONG, DAVID P
Address: 1234 WATERSIDE LANE
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P LONG CHM 01/20/2003

Electronic Signature of Signing Officer or Director — Date