

FILED

03 JUN 26 PM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000029721
1. Entity Name
LONG'S TRANSPORTATION SERVICE, INC.



Principal Place of Business
HC1, BOX 18 MOODY BLVD.
BUNNELL, FL 32110

Mailing Address
HC1, BOX 18 MOODY BLVD.
BUNNELL, FL 32110

2. Principal Place of Business
3800 US1
Suite, Apt. #, etc.
None

3. Mailing Address
PO Box 1163
Suite, Apt. #, etc.

City & State
BUNNELL FL.

City & State
Bunwell FL.

Zip
32110 Country
FLORIDA

Zip
32110 Country
FLORIDA

100021176601
06/27/03--01049--024 **150.00



CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent
**LONG, GREGORY W
HC1, BOX 18 MOODY BLVD.
BUNNELL, FL 32110**

4. FEI Number
270008559

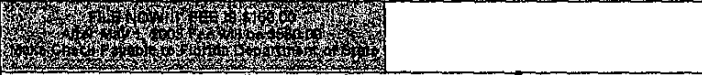
Applied For
 Not Applicable

6. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, title or printed name of registered agent, and date of application. (NOTE: Registered Agent's signature required when withdrawing)



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 NAME STREET ADDRESS CITY-STATE-ZIP	D LONG, GREGORY W HC1, BOX 18 MOODY BLVD. BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LONG, KIMBERLY A HC1, BOX 18 MOODY BLVD. BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: Kimberly Long **6-2003 (386) 437-6357**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

6/26

To whom it may concern

I Kimberly Long was told within one year of becoming incorporated that I must fill out this form I am very sorry that it is late we were in the process of moving when it was due. This was our first year of being incorporated. This will never happen again because now I know what I am doing.

**Thank you very much
Sincerely Kimberly and Gregory Long**

**Document for Longs' Truck Service Inc.
Document number P02000031191**

**Document for Longs' Transportation Inc. ✓
Document number P02000029721**

**New Physical address
3800 US 1
Bunnell, FL 32110**

**New Mailing address
P.O. 1163
Bunnell, FL 32110**

**Phone number (386) 437-6357
Fax number (386) 437-4356**