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FILED

03 JUN 30 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031191

1. Entity Name
LONG'S TRUCK 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 US 1
Suite, Apt. #, etc.
Hwy

3. Mailing Address
PO BOX 1163
Suite, Apt. #, etc.
BUNNELL FL.

City & State
BUNNELL FL.

City & State
BUNNELL FL.

Zip
32110

Country
FLORIDA

Zip
32110

Country
FLORIDA

700021465077
07/10/03--01064--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
270008561

Applied For
 Not Applicable

6. Certificate of Status Desired
 \$6.75 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, typed or printed name of registered agent and fee if applicable (NONE Registered Agent's signature required when attending)

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 | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LONG, GREGORY W | | NAME | | |
| STREET ADDRESS | HC1, BOX 18 MOODY BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | BUNNELL, FL 32110 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LONG, KIMBERLY A | | NAME | | |
| STREET ADDRESS | HC1, BOX 18 MOODY BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | BUNNELL, FL 32110 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: Kimberly A Long Date: 6-20-03 Daytime Phone #: 386-437-6357

CHANGES (GROSS)

ITS

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TO Whom It My CONCERN

LONGSTRUCK SERVICE INC

DID NOT RECEIVE A ANNUAL CORP REPORT
IN THE MAIL. I JUST INCORPORATED.

2002. I WAS TOLD BY MY LAWYER.

I WOULD RECEIVE A ANNUAL REPORT.

EVERY YEAR. AND TO FILE IT OUT
AND SEND A FEE. WELL WE DID NOT
RECEIVE ONE.

CAN YOU PLEASE

HELP ME OUT HERE.

THANK YOU VERY
MUCH

LONGS TRUCK SERVICE INC

DOCUMENT NUMBER. PO 700031191

PHONE 386-437-6357

Pres 

VIS PRES / Kirby 