

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90135 017 \*\*\*150.00

DOCUMENT # P02000039242

1. Entity Name  
LONG'S TREE FARM, INC.



Principal Place of Business  
15 FORT CLINCH HEIGHTS  
FROSTPROOF-FL 33843

Mailing Address  
15 FORT CLINCH HEIGHTS  
FROSTPROOF-FL 33843



2. Principal Place of Business

217 Seale Hwy N.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 838  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Frostproof FL

City & State

Frostproof FL

4. FEI Number

02-0575409

Applied For

Not Applicable

Zip

33843

Country

Polk

Zip

33843

Country

Polk

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, RANDY L  
15 FORT-CLINCH HEIGHTS  
FROSTPROOF FL 33843

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 PD  
NAME LONG, RICHARD A  
STREET ADDRESS 221 SPARKLING CT.  
CITY-ST-ZIP AUBURNDALe FL 33823 ☐ Delete

TITLE VD  
NAME NORKA, DAVID A  
STREET ADDRESS 148 N. LAKE READY BLVD.  
CITY-ST-ZIP FROSTPROOF FL 33843 ☐ Delete

TITLE STD  
NAME SCOTT, RANDY L  
STREET ADDRESS 15 FORT CLINCH HEIGHTS  
CITY-ST-ZIP FROSTPROOF FL 33843 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/02)

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

2.20.03

Date

Daytime Phone #