

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90079 036 ***150.00

DOCUMENT # P02000047020

1. Entity Name
LONGARM INVESTIGATIONS, INC.



Principal Place of Business
**212 KRIDER ROA
SANFORD FL 32773**

Mailing Address
**212 KRIDER ROA
SANFORD FL 32773**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-2022268

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

7. Name and Address of New Registered Agent

**LONG, JUDITH A
212 KRIDER ROA
SANFORD FL 32773**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JUDITH A 212 KRIDER ROA SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/03

(407)328-7114

CR2E034 (4/03)

Attachment

90144615
PO2000047020

**LONGARM
INVESTIGATIONS, INC**

212 KRIDER RD
SANFORD, FL 32773
407-328-7114

July 16, 2003

SECRETARY OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 323302-1500

Dear Madam:

**LET THIS LETTER STAND TO INFORM YOU THAT I DID NOT RECEIVE THE ORIGINAL
UBR FILING EARLIER THIS YEAR. I AM SENDING THIS NOW WITH THE ENCLOSED
\$150.00**

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY,

Judith A. Long

JUDITH A LONG

LONGARM INVESTIGATIONS

[Click ~~here~~ and type your name].
[Click ~~here~~ and type job title].