

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90828 045 ***158.75

DOCUMENT # P02000076546

1. Entity Name

Longboards Inc. ✓



DO NOT WRITE IN THIS SPACE

90119055

2. Principal Place of Business

100 S. A1A

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 463

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Flagler Bch, FL

City & State

Flagler Bch FI

4. FEI Number

52-2372177

Applied For

Not Applicable

Zip

32136

Country

Flagler

Zip

32136

Country

Flagler

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Guy A GUARINI

Street Address (P.O. Box Number is Not Acceptable)

108 LANTANA AVE

City

Flagler Bch.

FL

Zip Code

32136

**DO NOT WRITE
IN THIS SPACE**

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

Guy A. GUARINI, Chairman

Guy A. GUARINI, CEO

4/26/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PRESIDENT
NAME	Guy A GUARINI
STREET ADDRESS	108 LANTANA AVE
CITY-ST-ZIP	FLAGLER Bch FI 32136
TITLE	Vice President
NAME	KEITH GRANT
STREET ADDRESS	1904 S. FLAGLER AVE
CITY-ST-ZIP	FLAGLER Bch FI 32136
TITLE	SECRETARY
NAME	Guy A GUARINI
STREET ADDRESS	108 LANTANA AVE
CITY-ST-ZIP	FLAGLER Bch, FI 32136
TITLE	TREASURER
NAME	KEITH GRANT
STREET ADDRESS	1904 S. FLAGLER AVE
CITY-ST-ZIP	FLAGLER Bch, FI 32136
TITLE	TREASURER
NAME	Guy A GUARINI
STREET ADDRESS	108 LANTANA AVE
CITY-ST-ZIP	FLAGLER Bch FI 32136
TITLE	Director
NAME	KEITH GRANT
STREET ADDRESS	1904 S. FLAGLER AVE
CITY-ST-ZIP	FLAGLER Bch, FI 32136

TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Guy A GUARINI Director

Guy A. GUARINI Dir. 4/26/03

(386)
4395529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)