

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000093766

1. Entity Name
LONGWOOD FARMS CORPORATION



Principal Place of Business
336N. HWY 17/92
LONGWOOD FL 32750

Mailing Address
336N. HWY 17/92
LONGWOOD FL 32750

FILED
03 SEP 30 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHAUCA, CARLOS G
1462 SUNSHADOW DR
CASSELBERRY FL 32707

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
P
CHAUCA, CARLOS G
1462 SUNSHADOW DR
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000023415680
09/30/03--01006--006 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHAUCA, JULIO
1491 SUNSHADOW DR
ORLANDO FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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: *Carlos G. Chaucha* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-18-03

Date

Daytime Phone #

0010275 AN

CR2E034 (4/03)

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P.O. BOX 150
TALLAHASSEE, FL. 32302-1500

August 26, 2003

LONGWOOD FARMS CORPORATION
336N. HWY 17/92
LONGWOOD, FL. 32750

Form: UBR
Document: P02000093766

To whom it may concern,

I am a first time corporation owner that received the Uniform Business Report but never received the first notice of renovation for my company. I am asking for your office to please cancel the penalty because of my lack of knowledge for not receiving the first notice on the deadline. I am sending you \$150.00 for the renovation fees and hope that this mix-up can be resolved. Thank for your understanding and time in this matter and I appreciate your help.

Sincerely,

Carlos G. Chauca