

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90062 009 ***150.00

DOCUMENT # P930000049470 ✓

1. Entity Name LONG LAKE ENTERPRISE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

224 LONG LAKE RD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 169

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAWTHORNE, FLA

Zip

32640

Country

US

City & State

MELROSE, FLA

Zip

32666-0169

Country

US

4. FEI Number

59-3194416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

LEE M. SIMPSON

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

224 LONG LAKE ROAD

City

HAWTHORNE

FL

Zip Code

32640

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4-20-02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT/DIRECTOR
NAME LEE M. SIMPSON (PVSTO)
STREET ADDRESS P.O. Box 169
CITY-ST-ZIP MELROSE, FLA 32666-0169

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

352-475-2886

Daytime Phone #