

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90516 025 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000049470

1. Entity Name
LONG LAKE ENTERPRISES, INC.



Principal Place of Business
224 LONG LAKE RD
HAWTHORNE, FL 32640

Mailing Address
POST OFFICE BOX 1145
MELROSE, FL 32666

11004026

2. Principal Place of Business
260 S Lawrence Blvd., Suite 202

3. Mailing Address

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Keystone Heights, FL

City & State

4. FEI Number
59-3194416

Applied For
Not Applicable

Zip
32656

Country
U.S.

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, LEE M
224 LONG LAKE ROAD
HAWTHORNE, FL 32640

Name
Paul D. Newell, Esq.

Street Address (P.O. Box Number is Not Acceptable)
260-South Lawrence Blve., Suite 201

City
Keystone Heights

FL

Zip Code
32656

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's signature required when reinstating)

7/18/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SIMPSON (PVSTD), LEE M
PO BOX 1145
MELROSE, FL 32666 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-473-4728

CR2E034 (10/02)