## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9400005801 Apr 23, 2000 8:00 am Secretary of State KEN LONG ENTERPRISES, INC. 04-23-2000 90063 007 \*\*\*150.00 Mailing Address Principal Place of Business 10712 RUSSELL RD. 10712 RUSSELL RD. BOKEELIA FL 33922-3110 BOKEELIA FL 33922 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0457231 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LONG, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 10712 RUSSELL ROAD **BOKEELIA FL 33922** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PVST** TITLE ☐ Change Addition ☐ Delete TITLE LONG, KENNETH R NAME NAME STREET ADDRESS STREET ADDRESS 10712 RUSSELL ROAD CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL 33922** ☐ Change ☐ Addition ☐ Delete TITLE TITLE LONG, KENNETH R NAME NAME STREET ADDRESS STREET ADDRESS 10712 RUSSELL ROAD CITY-ST-ZIP CITY-ST-ZIP **BOKEELIA FL 33922** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.