## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

Principal Place of Business

5802 BAYFRONT DR.

P95000034116

Mailing Address

5802 BAYFRONT DR.

1. Entity Name

LONGPOINT CONDO RENTALS, INC.



## **FILED** Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90194 001 \*\*\*150.00

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| Sure. Apr. #, etc.  Suite. Apr. #, etc.  Crey & Statu  Apr. Fe Number 59-3332186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | US .                                            |                  |                                        |                        | PANAMA CITY FL 32404<br>US |              |                                                    |                |                                  |                  |                                 |                       |                                 |                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------|----------------------------------------|------------------------|----------------------------|--------------|----------------------------------------------------|----------------|----------------------------------|------------------|---------------------------------|-----------------------|---------------------------------|-------------------------|--|
| City, & State  Country  Country  Country  Country  State Address of Current Registered Agent  To Name and Address of New Registered Agent  Fig. Registered Agent  Name  State Address (P.O. Box Number is Not: Acceptable)  State Address (P.O. Box Number is Not: Acceptable)  City  FL   Zip Code  City  FL   Now, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligation of registered agent. Or both, in the State of Florida. I am Itemiliar with, and accept the obligation of registered    | 2. Principal Place of Business                  |                  |                                        | 3. Ma                  | 3. Mailing Address         |              |                                                    |                |                                  | UB 10181 B140 B1 | 1111 <b>i 1</b> 111 <b>i 11</b> | ili <b>((1114</b> )ii | #11 <b>01001</b> 11 <b>50</b> 1 | 11 <b>010</b> 1011 1011 |  |
| Second   S     | Suite, Apt. #, etc.                             |                  |                                        |                        | Suite, Apt. #, etc.        |              |                                                    |                | ☐ CHECK HERE IF MAKING CHANGES   |                  |                                 |                       |                                 |                         |  |
| See   Country   See   Country   See   Country   See   Certification of Status Desired   See   See   Sequence   See   S     | City_& Stat                                     | е                |                                        | Cit)                   | City & State               |              |                                                    |                | FEI Number                       | -59-3332         | 196                             |                       |                                 |                         |  |
| Name Street Address (P.O. Box Number is Not Acceptable)  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 chigatelines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigatelines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigatelines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigatelines of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigatelines agent with a state of Florida. I am familiar with, and accept the chigatelines agent with a state of Florida. I am familiar with, and accept the chigatelines agent, or both, in the State of Florida. I am familiar with, and accept the chigatelines agent with a state of Florida. I am familiar with, and accept the chigatelines agent with a state of Florida. I am familiar with, and accept the chigatelines agent, or both, in the State of Florida. I am familiar with, and accept the chigatelines agent with a state of Florida. I am familiar with, and accept the chigatelines agent with a state of Florida. I am familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and accept the chigatelines agent with a familiar with, and acc   | Zìp                                             | ,                | Country                                | Zip                    | Zip Cou                    |              | itry                                               | 5. (           | 5. Certificate of Status Desired |                  |                                 |                       |                                 |                         |  |
| Screet Address (P.O. Box Number is No: Acceptable)  Screet Address (P.O. Box Number is No: 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida agent, and accept    | o. Name and Address of Current negistered Agent |                  |                                        |                        |                            |              |                                                    | 7. 1           | Name and A                       | ddress of N      | ew Regis                        | stered A              | gent                            |                         |  |
| B83 HARRISON AVENUE PANAMA CITY FL 32401  City FL Zip Code  6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of Florida Papers agent, and accept the obligations of Florida Papers agent, and accept the obligation   |                                                 |                  |                                        |                        |                            |              | <u> </u>                                           |                |                                  |                  |                                 |                       |                                 |                         |  |
| City FL Zip Code  6. 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    FILE NOW!!! FEE IS \$150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                  |                                        |                        |                            |              | offeet Address (F.O. Box Number is Not Acceptable) |                |                                  |                  |                                 |                       |                                 |                         |  |
| 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   Special part    | PANAMA (                                        | CITY FL 32       | 401                                    |                        |                            |              |                                                    |                |                                  |                  |                                 |                       |                                 |                         |  |
| THE NOW. STREET ADDRESS CITY-ST-2P CITY-ST-2   |                                                 |                  |                                        |                        |                            |              | City                                               | City           |                                  |                  |                                 |                       | FL Zip Code                     |                         |  |
| FILE NOW! FEE IS \$150.00  - "After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITE  D MOORE, MELANIE  1523 E. PARK ROAD  PANAMA CITY FL 32404  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  DE |                                                 |                  |                                        | ent for the purp       | oose of changing its       | register     | ed office or reg                                   | istered ag     | ent, or both,                    | in the State     | of Florida                      | . I am fa             | miliar with,                    | and accept              |  |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SIGNATURE.                                      | Signature, typed | or printed name of registered          | agent and title if app | olicable. (NOTE            | E: Registere | d Agent signature re                               | quired when re | einstating)                      |                  | <b></b> ,                       | DATE                  |                                 |                         |  |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | F                                               | ILE NOW!         | ! FEE IS \$150.00                      |                        |                            |              |                                                    |                |                                  |                  |                                 |                       |                                 | _                       |  |
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| CITY-ST-ZIP   PANAMA CITY FL 32404                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 | MOUNE, MELANIE   |                                        | _                      |                            |              | 1                                                  |                |                                  |                  |                                 |                       |                                 |                         |  |
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| NAME   STREET ADDRESS   CITY-ST-ZIP   CITY     |                                                 | LANGUA           | 01111   02404                          |                        | □ Delete                   | 4            |                                                    |                |                                  |                  |                                 |                       | Change                          | ☐ Addition              |  |
| STREET ADDRESS   CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                  |                                        |                        | □ Delete                   | •            | 1                                                  |                |                                  |                  |                                 |                       | Change                          | Addition                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |                  | ************************************** | مر <b>د</b> در وسیاری  |                            |              | l l                                                |                |                                  | ·                |                                 |                       |                                 |                         |  |
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| STREET ADDRESS STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TITLE                                           |                  | _                                      |                        | ☐ Delete                   | TITLE        | .   "                                              |                |                                  | _                | _                               |                       | ☐ Change                        | ☐ Addition              |  |
| l l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                  |                                        | •                      |                            |              | <b>I</b>                                           |                |                                  |                  |                                 |                       |                                 | Í                       |  |
| CHY-SI-ZIP CHY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                  |                                        |                        |                            |              | ľ                                                  |                |                                  |                  |                                 |                       |                                 |                         |  |
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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:

TIMULAUNIS PLONOGIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR