

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90261 024 ***150.00

DOCUMENT # P95000078015

1. Entity Name
BUDDY & DEANNA LONG, INC.

Principal Place of Business Mailing Address
6822 OLD POLK CITY **6822 OLD POLK CITY**
LAKELAND FL 33809 **LAKELAND FL 33809**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3342428** Applied For
 Not Applicable

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

LONG, D.C.
6822 OLD POLK CITY
LAKELAND FL 33809

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D LONG, D. C**
 STREET ADDRESS **6822 OLD POLK CITY**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE Change Addition
 NAME **VPD SITHAWN LONG**
 STREET ADDRESS **254 CHARDONVEY PLACE**
 CITY-ST-ZIP **VALRICO, FL 33594**

TITLE Delete
 NAME **D LONG, DEANNA**
 STREET ADDRESS **6822 OLD POLK CITY**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE Change Addition
 NAME **VPD DEANNA LONG**
 STREET ADDRESS **17008 HAWK CREST DRIVE**
 CITY-ST-ZIP **LITHIA, FL 33547**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE: _____ Date: **1-31-01** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/01

CR2E034 (10/00)

0018227



DO NOT WRITE IN THIS SPACE