


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90184 045 \*\*\*150.00

**DOCUMENT # P95000078015**

1. Entity Name  
**BUDDY & DEANNA LONG, INC.**



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

Mailing Address  
**6822 OLD POLK CITY  
LAKELAND FL 33809**

**90006356**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, D. C.</b>	
STREET ADDRESS	<b>6822 OLD POLK CITY</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, DEANNA</b>	
STREET ADDRESS	<b>6822 OLD POLK CITY</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, SHAWN</b>	
STREET ADDRESS	<b>245 CHARDONNEY PLACE</b>	
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, SHANNON</b>	
STREET ADDRESS	<b>17008 HAWK CREST DRIVE</b>	
CITY-ST-ZIP	<b>LITHIA FL 33547</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>36 CAMELOT RIDGE DR</b>	
CITY-ST-ZIP	<b>BRANDON, FL 33511</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** \_\_\_\_\_ DATE: **1-10-03** Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)