2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 SEP -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000566883 AV

DOCUMENT # P97000040059

1. Entity Name
LONG & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~5162 OLD ASHWOOD DR~~ ~~SARASOTA FL 34233~~ ~~US~~	~~5162 OLD ASHWOOD DR~~ ~~SARASOTA FL 34233~~ ~~US~~

08/18/03-90161-009 $150.00

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1701 CHRYSLER AVE	1701 CHRYSLER AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34234 Country: US	Zip: 34234 Country: US

4. FEI Number 65-0745830 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LONG, STANLEY T
~~5162 OLD ASHWOOD DRIVE~~
~~SARASOTA FL 34233~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1701 CHRYSLER AVE

City SARASOTA FL Zip Code 34234

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LONG, STANLEY T ~~5162 OLD ASHWOOD DR~~ ~~SARASOTA FL 34233~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1701 CHRYSLER AVE SARASOTA FL 34234
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BODZIAK, SHARON M ~~5162 OLD ASHWOOD DRIVE~~ ~~SARASOTA FL 34233~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7850 Fruitville Rd SARASOTA FL 34233
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	J.E.T. DEXTER 1701 CHRYSLER AVE VICE PRES. SARASOTA FL 34234 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800022700748 09/02/03--01047--020 **400.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 STANLEY T LONG PRESIDENT 941-809-8161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #