

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073338

1. Entity Name

LYNDA LONG, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90004 019 ***150.00

Principal Place of Business

Mailing Address

2008 S.E. 26TH AVENUE
FT. LAUDERDALE FL 33316

2008 S.E. 26TH AVENUE
FT. LAUDERDALE FL 33922-1554

2. Principal Place of Business

3. Mailing Address

16723 Seagull Bay Court
Suite, Apt. #, etc.

16723 Seagull Bay Court
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Bokeelia FL

City & State
Bokeelia FL

4. FEI Number 65-0786625

Applied For
☒ Not Applicable

Zip 33922 Country Lee

Zip 33922 Country Lee

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

MORAJIS, DEBORAH F ESQ
2929 EAST COMMERCIAL BOULEVARD
SUITE 701
FT. LAUDERDALE FL 33308

Name Lynda Long
Street Address (P.O. Box Number is Not Acceptable)
16723 Seagull Bay Court
City Bokeelia FL 33922

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 *Lynda Long*
Signature, typed or printed name of registered agent and title, if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE 2/27/00

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, 2000 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 D
NAME LONG, LYNDA
STREET ADDRESS 2008 S.E. 26TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete

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 ☐ 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 empowers.

SIGNATURE: *Lynda Long*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/00 941-282-7331
Date Daytime Phone #

CR2E034 (9/99)