

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074603

1. Entity Name

MARY E. LONG INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90292 012 ***150.00


Principal Place of Business

7317 HARBOR VIEW DR
LEESBURG FL 34788
US

Mailing Address

7317 HARBOR VIEW DR.
LEESBURG FL 34788
US


2. Principal Place of Business

 Ms. Mary E. Long
21723 Queen Mary Ct.
Leesburg, FL 34748

Zip

Country

3. Mailing Address

 Ms. Mary E. Long
21723 Queen Mary Ct.
Leesburg, FL 34748

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3472887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent


LONG, MARY E
7317 HARBOR VIEW DRIVE
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

Street

City

 Ms. Mary E. Long
21723 Queen Mary Ct.
Leesburg, FL 34748

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
LONG, MARY
7317 HARBOR VIEW DR
LEESBURG FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Ms. Mary E. Long
21723 Queen Mary Ct.
Leesburg, FL 34748 ☒ Change ☐ Addition
ADDRESS ONLY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY E LONG

4-17-01

Date

352-243-2525

Daytime Phone #

CR2E034 (10/00)