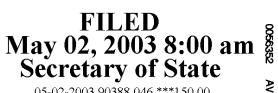
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000106282 DOCUMENT # 1. Entity Name

SIGNATURE:



05-02-2003 90388 046 ***150.00

JB LONG	, INC.								
Principal Place 1060 GERHAR PENSACOLA I		1060 GERHAF	Mailing Address 1060 GERHARDT DRIVE PENSACOLA FL 32503			1 1 001 1000 110 11011 10111 00111 00111	DI 41801 ABOUR BOUR DU	10 1 1 0 110 1101 1001	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4.	FEI Number 59-3547817		Applied For Not Applicable	
Zip	Country	Zip	Cou	intry	5.	Certificate of Status Desired	\$8.75 Fee Requ		
	6. Name and Address of Current	Registered Ager	ıt		7. 1	Name and Address of New Regis			
				Name 🔊	14	I_{Δ}			
Long; Ja 1060 ger	MES B		Street Address			(P.O. Box Number is Not Acceptable)			
PENSACO	LA FL 32503								
	٨			City			FL Zip C	ode	
8. The above named entity submits this statement to 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
· After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State				Election Campaign Financi Trust Fund Contribution.		.00 May Be ded to Fees	
10.	OFFICERS AND		11		AC	L DDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DRS IN 11	
TITLE	PTD		Delete TiT	ILE			☐ Chang	e 🔲 Addition	
STREET ADDRESS	Long, Betty J 1060 Gerhardt Drive Pensacola FL 32503		STI	ME REET ADDRESS				}	
CITY-ST-ZIP	SVD		Delete TiT	Y-ST-ZIP			☐ Chanc	e 🔲 Addition	
NAME	LONG, JAMES B	L	NA NA	1				e 🖂 Modiliqui	
STREET ADDRESS CITY-ST-ZIP	1060 GERHARDT DRIVE PENSACOLA FL 32503			REET ADDRESS Y-ST-ZIP			gar - A		
TITLE			Delete TIT	LE			Chang	e 🗌 Addition	
NAME STREET ADDRESS			आ	ME REET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP				o 🖂 Addition	
TITLE NAME		Ц	Delete TIT]			☐ Chang	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP					
TITLE			Delete TIT	LE			☐ Chang	e 🔲 Addition	
NAME			NAI PAT						
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP					
TITLE			Delete TIT	LE			☐ Chang	e 🔲 Addition	
NAME			. NAI	l					
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP					
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address	s true and accurat owered to execu t e	e and that my signa Ithis report as requ	emption stated in ature shall have th aired by Chapter 6	Section ne same l 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; da Statutes; and that my name app	ner certify that the that I am an office lears in Block 10	e information er or director or Block 11 if	