6/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
09-18-2000 90006 015 ***400.00

DOCUMENT # P99000009463

1. Entity Name

Long & Perkins, P.A.

Principal Place of Business
1221 West Colonial Drive
Ste 102
Orlando, FL 328

Mailing Address
1221 West Colonial
Ste 102
Orlando FL

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
390 N. Orange Ave		390 North Orange Ave	
Suite, Apt. #, etc. 2180		Suite, Apt. #, etc. 2180	
City & State Orlando FL		City & State Orlando, FL	
Zip 32801	Country USA	Zip 32801	Country USA

4. FEI Number 59-3555660 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Ometrias Deon Long
~~390 No~~ 1221 W. Colonial Drive
Ste 102
Orlando, FL 328

7. Name and Address of New Registered Agent

Name Ometrias Deon Long
Street Address (P.O. Box Number Is Not Acceptable) 390 North Orange Ave
Ste 2180
City Orlando FL Zip Code 32801

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] 6/20/00
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ometrias Deon Long 390 North Orange Ave., 2180 Orlando FL 32801 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Paul C. Perkins, Jr 390 North Orange Ave., 2180 Orlando, FL 32801 ☑ 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
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] 06/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment p99000009463 B01070860

attachment # p99000009463 B01070860

O. D. LONG & ASSOCIATES, P.A.

ATTORNEYS AT LAW
390 North Orange Avenue
Suite 2180
Orlando, Florida 32801

OMETRIAS DEON LONG

Telephone: (407) 426-5711
Facsimile: (407) 426-5712

August 4, 2000

SECRETARY OF STATE
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, Florida 32301

RE: Waiver Late Fee – O.D. Long & Associates, P.A.
f/n/a Long & Perkins, P.A. (Annual Report)

Dear Madam/Sir:

This letter is to respectfully request a waiver for late fees in the above matter. O. D. Long & Associates did not receive the 2000 Uniform Business Report in order to file the annual report in a timely matter. I requested a duplicate UBR form from the Secretary of State and has filed the form accordingly. However, because of the late fee our records are not reflective of our annual report filing.

Please inform me as soon as possible with your decision to waive the late fee of Four Hundred Dollars ($400.00). If you have any questions please do not hesitate to call. With kind regards I am

Very truly yours,

Ometrias Deon Long

ODL/peb

B01070860

6/30/00-90006-011-$150.00-$150.00

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment with # P99000094463

B01070860

DOCUMENT # P99000094463

1. Entity Name

Long + Perkins, PA ✓

Principal Place of Business	Mailing Address
1221 West Colonial Drive Ste 102 Orlando FL 328	1221 West Colonial Dr. Ste 102 Orlando, FL

00066140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
390 N. Orange Ave	390 North Orange Ave
Suite, Apt. #, etc.: 2180	Suite, Apt. #, etc.: 2180
City & State: Orlando FL	City & State: Orlando, FL
Zip: 32801 Country: USA	Zip: 32801 Country: USA

4. FEI Number: 59-3555660 ☐ Applied For ☐ Not Applicable

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
Ometrias Deon Long ~~390 No~~ 1221 W. Colonial Drive Ste 102 Orlando, FL 328	Name: Ometrias Deon Long Street Address (P.O. Box Number is Not Acceptable): 390 North Orange Ave Ste 2180 City: Orlando FL Zip Code: 32801

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: Ometrias Deon Long 6/20/00

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, 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: President ☐ Delete NAME: Ometrias Deon Long STREET ADDRESS: 390 North Orange Ave., 2180 CITY-ST-ZIP: Orlando FL 32801	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: Vice President ☐ Delete NAME: Paul C. Perkins, Jr STREET ADDRESS: 390 North Orange Ave., 2180 CITY-ST-ZIP: Orlando, FL 32801	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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: Ometrias Deon Long 06/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #