

2000 UNIFORM BUSINESS REPORT (UBR)

5/15

FILED

Aug 17, 2000 8:00 am
Secretary of State

05-15-2000 90211 001 ***150.00

DOCUMENT # P99000020579

1. Entity Name

LONGEV ENTERTAINMENT, INC.

(R)

Principal Place of Business

Mailing Address

931 S. KIRKMAN ROAD #204
ORLANDO FL 32811

931 S. KIRKMAN ROAD #204
ORLANDO FL 32811-2679

2. Principal Place of Business

931 S. KIRKMAN RD
Suite, Apt. #, etc.
APT #204
City & State
ORLANDO, FL 32811

3. Mailing Address

1223 43RD ST.
Suite, Apt. #, etc.
City & State
ORLANDO, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3561935

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

PARHAM, ERIC
931 S. KIRKMAN ROAD #204
ORLANDO FL 32811

Name

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

City

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

Eric Parham

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

(NOTE: Registered Agent signature required when reinstating)

4/30/2000

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
CEO
ERIC PARHAM
1223 43RD ST
ORLANDO, FL 32839

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ANGELA HIGH
1223 43RD ST
ORLANDO, FL 32839

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. OF OPERATIONS
KENNETH MONTGOMERY
5594 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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CITY-ST-ZIP

☐ Delete

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:

Eric Parham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2000

DATE

(407) 291-3399

Daytime Phone #

CR2E034 (9/99)