

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

01-25-2000 90036 015 ***150.00



DOCUMENT # P99000039927

1. Entity Name

LONGWORTH ENTERPRISES, INC.

Principal Place of Business

**2226 CYPRESS POINT DRIVE E
 CLEARWATER FL 34623**

Mailing Address

**2226 CYPRESS POINT DRIVE E
 CLEARWATER FL 34683-6843**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3487 OAK DR.

Suite, Apt. #, etc.

3487 OAK DR.

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

34683

Country

U.S.A.

Zip

34683

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

59 3587515

4. FEI Number

59 3587515

Applied For

Not Applied For

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LONGWORTH, ANTHONY
 2226 CYPRESS POINT DRIVE E
 CLEARWATER FL 34623**

7. Name and Address of New Registered Agent

Name **LONGWORTH, ANTHONY**

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

3487 OAK DR.

City **PALM HARBOR**

FL

Zip Code **34683**

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, 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

TITLE **P** ☐ Delete
 NAME **LONGWORTH, ANTHONY**
 STREET ADDRESS **2226 CYPRESS POINT DRIVE E**
 CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Add
 NAME **LONGWORTH, ANTHONY**
 STREET ADDRESS **3487 OAK DR**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
 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 empowered.

SIGNATURE:

Anthony Longworth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-JUN-00 727.772.7976
 Date Daytime Phone #