

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079735  
 1. Entity Name  
Longaus Unlimited, Inc.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90099 001 \*\*\*150.00  
 05-11-2000 90099 002 \*\*\*\*\*8.75

Principal Place of Business  
7441 Swiss Blue  
Punta Gorda FL  
33980

Mailing Address  
2117 McIntosh  
SARASOTA, FL  
34232

**13431**

2. Principal Place of Business  
7441 Swiss Blue  
 Suite, Apt. #, etc.

3. Mailing Address  
2117 McIntosh  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Punta Gorda FL 33980  
 Zip  
33980 Country  
USA

City & State  
SARASOTA FL  
 Zip  
34232 Country  
USA

4. FEI Number ☒ Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
William Behrens  
2117 McIntosh  
SARASOTA, FL 34232

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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. ☐ **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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<u>Linda Kamin</u>	<u>19751 Sterling Dr</u>	<u>MIAMI FL 33157</u>		
	<u>William Behrens</u>	<u>2117 McIntosh</u>	<u>SARASOTA, FL 34232</u>		

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: Linda Kamin Date 4-27-00 Daytime Phone # 941-3431

CR2E034 (9/99)