

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

05-11-2000 90310 036 \*\*\*150.00

**DOCUMENT # P99000110343**

1. Entity Name

**ETHAN LONG, INC.**

Principal Place of Business

Mailing Address

**1514 E KALEY STREET  
 ORLANDO FL 32806**

**P O BOX 561608  
 ORLANDO FL 32856-1608**

2. Principal Place of Business

**1514 E. Kaley St.**

3. Mailing Address

**P.O. Box 561 608**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number

**59-3615157**

Applied For

Not Applicable

Zip

**32806**

Country

**USA**

Zip

**32806**

Country

**USA**

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

**LONG, ETHAN  
 1514 E KALEY STREET  
 ORLANDO FL 32806**

Name

**ETHAN LONG**

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

**1514 E. Kaley St.**

City

**Orlando**

**FL**

Zip Code

**32806**

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

**R. Ethan Long**

**4/28/00**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONG, ETHAN</b>	
STREET ADDRESS	<b>1514 E KALEY STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**R. Ethan Long**

Date

**4/28/00**

Daytime Phone #

**407-895-2448**

CR2E034 (9/99)