2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am' Secretary of State DOCUMENT # **P99000110343** 1. Entity Name 05-17-2001 90372 035 ***150.00 ETHAN LONG, INC. Principal Place of Business Mailing Address 1514 E KALEY STREET P O BOX 561608 ORLANDO FL 32806 ORLANDO FL 32906-1608 550816 2. Principal Place of Business 3. Mailing Address 2937 oberlin Ave P.O. BOX 547595 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEł Number Applied For 59-3615157 0/lando orlando Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 32804 32804 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 2937 06erlin Ave. LONG, ETHAN 1514 E KALEY STREET ORLANDO FL 32806 on ando 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) W Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D Addition TITLE ☐ Delete TITLE Ethan NAME LONG, ETHAN NAME obellin Ave. STREET ADDRESS 1514 E KALEY STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP 32804 6 Man do V P ☐ Change TITLE ☐ Delete TITLE Addition | Heather Long 2937 Oberlin Ave. Heather Los NAME NAME STREET ADDRESS STREET ADDRESS 2927 Ober11-CITY-ST-ZIP CITY-ST-ZIP 32804 ☐ Change TITLE -Detete Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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