

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90014 031 ***150.00

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DOCUMENT # P99000110343

1. Entity Name
ETHAN LONG, INC.

Principal Place of Business
2937 OBERLIN AVE
ORLANDO FL 32804

Mailing Address
P O BOX 547595
ORLANDO FL 32804



2. Principal Place of Business
407 Timber Ridge Dr.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 547595
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Longwood, FL
 Zip
32779

Country
USA

City & State
Orlando FL
 Zip
32854

Country
USA

4. FEI Number
59-3615157

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LONG, ETHAN
2937 OBERLIN AVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name **Ethan Long**
 Street Address (P.O. Box Number is Not Acceptable)
407 Timber Ridge Dr.
 City **Longwood** **FL** Zip Code **32779**

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 _____ DATE _____
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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **D** ☐ Delete
 NAME **LONG, ETHAN**
 STREET ADDRESS **2937 OBERLIN AVE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Delete
 NAME **LONG, HEATHER**
 STREET ADDRESS **2937 OBERLIN AVE**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition
 NAME **Ethan Long**
 STREET ADDRESS **407 Timber Ridge Dr.**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Heather Long**
 STREET ADDRESS **407 Timber Ridge Dr.**
 CITY-ST-ZIP **Longwood, FL 32779**

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 **407-425-1010**
 Date Daytime Phone #

CR2E034 (9/01)