

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0120661 AV

DOCUMENT # P99000110343

1. Entity Name

ETHAN LONG, INC.

Long Creative Inc.



FILED

03 APR 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
407 TIMBER RIDGE DR
LONGWOOD FL 32779

Mailing Address
P O BOX 547595
ORLANDO FL 32854



2. Principal Place of Business

407 Timber Ridge Dr.

3. Mailing Address

407 Timber Ridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Longwood FL

City & State

Longwood, FL

4. FEI Number

59-3615157

Applied For

Not Applicable

Zip

32779

Country

USA

Zip

32779

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
407 TIMBER RIDGE DR
LONGWOOD FL 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE R. Ethan Long
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/28/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS LONG, ETHAN
CITY-ST-ZIP 407 TIMBER RIDGE DR
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition
NAME 300017077903
STREET ADDRESS 04/25/03--01015--025 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS LONG, HEATHER
CITY-ST-ZIP 407 TIMBER RIDGE DR
LONGWOOD FL 32779

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

2/28/03

Date

407-788-5122

Daytime Phone #

CR2E034 (10/02)