

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # S57347**1. Entity Name  
M. LONG & ASSOCIATES, INC.

## Principal Place of Business

2215 DISCOVERY CIR., W.

DEERFIELD BEACH

33442

FL

US

## Mailing Address

2215 DISCOVERY CIR. W.

DEERFIELD BEACH

33442

FL

US

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

65-0265079

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LONG MICHAEL  
2215 DISCOVERY CIR., W.

POMPANO

33442

US

FL

## 7. Name and Address of New Registered Agent

Name

LONG MICHAEL

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

2215 DISCOVERY CIR., W.

City

DEERFIELD BEACH

FL

Zip Code  
33442

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)

08/13/2001

DATE

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, 2001 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	O	<input type="checkbox"/> Delete
NAME	LONG BRANDON	
STREET ADDRESS	2215 DISCOVERY CIR W	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LONG PATRICIA	
STREET ADDRESS	2215 DISCOVERY CIRCLE W.	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LONG MICHAEL	
STREET ADDRESS	2215 DISCOVERY CIRCLE W.	
CITY-ST-ZIP	POMPANO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG BRANDON	
STREET ADDRESS	2215 DISCOVERY CIR W	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG PATRICIA	
STREET ADDRESS	2215 DISCOVERY CIRCLE W.	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG MICHAEL	
STREET ADDRESS	2215 DISCOVERY CIRCLE W.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** Michael Long

P

08/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)