2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 90415 035 ***158.75

DOCUMENT # J31249

1. Entity Name
LANGE LIFE AGENCY, INC.

Principal Place of Business	Mailing Address
1532 OLD OKEECHOBEE. SUITE 104 WEST PALM BEACH FL 33409 US	1532 OLD OKEECHOBEE. SUITE 104 WEST PALM BEACH FL 33409 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2709451 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANGE, DONALD J
4 OLD FENCE ROAD
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGE, DONALD J. 4 OLD FENCE ROAD PALM BEACH GRDNS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] May 14 '01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LANGE
LIFE AGENCY INC.
Financial Services • Life - Health - Disability
1532 OLD OKEECHOBEE ROAD - SUITE 104 • WEST PALM BEACH, FL 33409-5270
TEL: (561) 688-1020 • (800) 684-1020 • FAX: (561) 689-8857

May 14, 2001

Division of Corporations
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sirs:

Enclosed please find my check # 3833. This form was given to me late by my accountant. I am hoping you will accept this payment in full. To my knowledge we have never been late in our history before this time. Thank you for any consideration.

Sincerely,

James D. Lange
President

Highest Standards of Professional Service