

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90001 027 ***550.00

DOCUMENT # J79249

1. Entity Name
R.J. LANGE & SON, INC.

Principal Place of Business

420 BAYSHORE DR
P.O. BOX 206
OZONA FL 34660

Mailing Address

420 BAYSHORE DR
P.O. BOX 206
OZONA FL 34660-0206

2. Principal Place of Business

11 Bayshore Dr.

Suite, Apt. #, etc.
P.O. Box 206

City & State
Ozona, Florida

Zip Country
34660 U.S.

3. Mailing Address

P.O. Box 206

Suite, Apt. #, etc.
Ozona, Florida

City & State
Ozona, Florida

Zip Country
34660 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2858171**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANGE, RICHARD J.
420 BAYSHORE DR
BUILDING 11
OZONA FL 34660

7. Name and Address of New Registered Agent

Name **Scott R. Lange**
Street Address (P.O. Box Number is Not Acceptable)
11 Bayshore Drive
City **Ozona** FL Zip Code **34660**

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 **SCOTT R. LANGE** *Scott R. Lange (PRESIDENT)* **6/22/00**
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P LANGE, SCOTT 420 BAYSHORE DR OZONA FL 34660	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGE, CONNIE 420 BAYSHORE DR. OZONA FL 34660	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BECK, CLIFF OLYMPIA ST 5710 NEW PORT RICHEY FL 34652	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lange Connie 420 Bayshore Dr. Ozona, FL 34660	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Scott R. Lange* **SCOTT R. LANGE** **6/22/00** **(727) 784-2629**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #