

APPROVED  
AND  
FILED

102

03 MAY 23 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 283935**

1. Entity Name  
**LANGLEY GROVES, INC.**

Principal Place of Business  
400 N. NEW YORK AVE 209  
WINTER PARK, FL 32789 US

Mailing Address  
400 N. NEW YORK AVE 209  
WINTER PARK, FL 32789 US

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**59-1060647**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LANGLEY, A E  
1831 BETT MAR LANE  
WINTER PARK, FL 32789**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent Signature required when substituting) DATE \_\_\_\_\_

FILE NOW WITH FEES IS \$150.00  
After May 7, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LANGLEY, A E 1831 BETT MAR LANE WINTER PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGLEY, MARY S 1831 BETT MAR LANE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *AE Langley* 5/1/03 407-647-5935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*JA*



CHECK HERE IF MAKING CHANGES

CR2EG34 (10/02)

200019841012

2052



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 105055 7170239

AUTHORIZATION :

*Patricia Figuera*

COST LIMIT : \$ 558.75

ORDER DATE : May 23, 2003

ORDER TIME : 10:17 AM

ORDER NO. : 105055-005

CUSTOMER NO: 7170239

CUSTOMER: Linda Topping, Paralegal  
Richard H. Langley, Esq  
700 Almond Street

Clermont, FL 34712

ANNUAL REPORT FILING

NAME: LANGLEY GROVES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#

EXAMINER'S INITIALS: 03 MAY 23 AM 11:39

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED