

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 039 ***150.00

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

DOCUMENT # 383508

1. Entity Name
LANGLO'S BOWLING SUPPLY, INC.

Principal Place of Business

6935 RIDGE ROAD
PORT RICHEY, FL 34668 US

Mailing Address

6935 RIDGE ROAD
PORT RICHEY, FL 34668 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1381518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGLO, ARTHUR E.
6935 RIDGE RD
PORT RICHEY, FL 34668

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when necessary)

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 Fee**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	LANGLO, JEFFREY A.	
STREET ADDRESS	6936 RIDGE RD	
CITY-STATE-ZIP	PORT RICHEY, FL	
TITLE	ST	☐ Delete
NAME	ZANGE, CAROL	
STREET ADDRESS	6936 RIDGE RD	
CITY-STATE-ZIP	PORT RICHEY, FL	
TITLE	VP	☐ Delete
NAME	LANGLO, CHRIS L	
STREET ADDRESS	6936 RIDGE ROAD	
CITY-STATE-ZIP	PORT RICHEY, FL	
TITLE	D	☐ Delete
NAME	LANGLO, ARTHUR E.	
STREET ADDRESS	6936 RIDGE ROAD	
CITY-STATE-ZIP	PORT RICHEY, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Typed or printed name of signing officer or director

4-25-03

Daytime Phone #

(727-841-0300)

CH21534 (10-02)