

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

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90070 014 ***150.00

DOCUMENT # 649704
1. Entity Name
JAMES C LANGLEY INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
286 S. EDGEWOOD AVE
Suite, Apt. #, etc.

3. Mailing Address
3325 HENDRICKS AVE
Suite, Apt. #, etc.
SUITE A

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL
Zip
32204
Country
DUVAL

City & State
JACKSONVILLE FL
Zip
32207
Country
DUVAL

4. FEI Number
59-214 6330
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOHN A LANGLEY
Street Address (P.O., Box Number is Not Acceptable)
3325 HENDRICKS AVE SUITE A
City
JACKSONVILLE FL Zip Code
32207

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 reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES SGCY-TREAS</u> <u>JAMES C LANGLEY</u> <u>OFFICE</u> <u>3325 HENDRICKS AVE</u> <u>JACKSONVILLE FL 32207</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES</u> <u>JAMES C LANGLEY</u> <u>HOME</u> <u>5021 NW 112TH DR</u> <u>CORAL SPRINGS FL 33076</u>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C LANGLEY James C Langley 3-3-03 9043965033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)