FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 19, 2001 8:00 am DOCUMENT # **J80956 Secretary of State** 1. Entity Name LANGFORD REALTY, INC. 03-19-2001 90078 042 ***150.00 Principal Place of Business Mailing Address 13575 SANDY KEY DR. 13575 SANDY KEY DR. PENSACOLA FL 32507 PENSACOLA FL 32507 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2836076 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGFORD, CECELIA F. Street Address (P.O. Box Number is Not Acceptable) 13575 PERDIDO KEY DR. #118 PENSACOLA FL 32507 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. UPSales CR2E034 (10/00) TITLE Addition TITLE ☐ Delete NAME LANGFORD, CECELIA F. MAME STREET ADDRESS STREET ADDRESS 13757 SANDY KEY DRIVE #118 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32507 P- General Managen Change ☐ Delete TITLE TITLE LANGFORD, ALBERT H NAME NAME STREET ADDRESS STREET ADDRESS 13575 SANDY KEY DR. #118 CITY-ST-7IP CITY-ST-7IP PENSACOLA FL 32507 CEO Director ----- Change -· Addition -TITLE ☐ Delete = TITLE ... Bailed Lovine NAME NAME STREET ADDRESS 570 oak lount Drive, Rithe 360 STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Momphy, TH 38117 TITLE UP Treas ☐ Change Addition ☐ Delete TITLE David velderg NAME NAME 530 oak Lourt Dr. Just 360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 36117 Mryphu, TN Controller **X** Addition ☐ Change ☐ Delete TITLE TITLE J. Scott Murply NAME NAME 530 Oak Court Dr. Jush 360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 40hs, 77 38117 Asth. Vcc. ☐ Change Addition ☐ Delete TITLE TITLE Kelbs B. standard NAME NAME 530 opt Gount Dr. Tuik 360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Mamphis, TN 38117 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 (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 (