

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93013

1. Entity Name
BIRMINGHAM, LANGFORD & ASSOCIATES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90127 048 ***150.00

Principal Place of Business

Mailing Address

815 S VOLUSIA AVE #5
P O BOX 1043
ORANGE CITY FL 32763

815 S VOLUSIA AVE #5
P O BOX 1043
ORANGE CITY FL 32763-5266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

366 E. GRAVES AVE.
Suite, Apt. #, etc.
SUITE C

366 E. GRAVES AVE
Suite, Apt. #, etc.
SUITE C

City & State
ORANGE CITY, FL

City & State
ORANGE CITY, FL

Zip
32763

Country
USA

Zip
32763

Country
USA

4. FEI Number 59-2952741

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGFORD, JAMES P.
815 S VOLUSIA AVE #5
ORANGE CITY FL 32763

Name

Street Address (P.O. Box Number is Not Acceptable)

366 E. GRAVES AVE. SUITE C

City ORANGE CITY

FL

Zip Code 32763

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

JAMES P. LANGFORD

02/10/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	LANGFORD, JAMES P.	
STREET ADDRESS	815 S VOLUSIA AVE #5	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BIRMINGHAM, LARRY M.	
STREET ADDRESS	815 S VOLUSIA AVE #5	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	366 E. GRAVES AVE. STE C	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	366 E. GRAVES AVE STE C.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 James P. LANGFORD 2/10/00 904-775-1866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)