

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65446

1. Entity Name
MELVIN LANGFORD ENTERPRISES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90072 017 ***150.00

Principal Place of Business
MELVIN GEORGE LANGFORD
EISENHOWER ROAD
JACKSONVILLE FL 32246

Mailing Address
%MELVIN GEORGE LANGFORD
9730 EISENHOWER ROAD
JACKSONVILLE FL 32246-2115
US



DO NOT WRITE IN THIS SPACE

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 **59-3000021**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LANGFORD, MELVIN GEORGE
9730 EISENHOWER ROAD
JACKSONVILLE FL 32216

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.

SIGNATURE _____ (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
D
LANGFORD, MELVIN G.
9730 EISENHOWER RD.
JACKSONVILLE FL
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Change Addition
Delete

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: *Melvin G. Langford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-00
959-455-9472
Date Daytime Phone #

CR2E034 (9/99)