## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # L65446** MELVIN LANGFORD ENTERPRISES. INC. 01-31-2001 90287 040 \*\*\*150.00 Principal Place of Business Mailing Address MELVIN GEORGE LANGFORD **%MELVIN GEORGE LANGFORD** 9730 EISENHOWER ROAD 9730 EISENHOWER ROAD **DANTIAN**I JACKSONVILLE FL 32248 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc Applied For City & State City & State 4. FEI Number 59-3000021 Not Applicable Zip Country Zip **Country** \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGFORD, MELVIN GEORGE Street Address (P.O. Box Number is Not Acceptable) 9730 EISENHOWER ROAD JACKSONVILLE FL 32216 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00-May-Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee Will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE ☐ Change TITLE □ Delete NAME NAME LANGFORD, MELVIN G. STREET ADDRESS STREET ADDRESS 9730 EISENHOWER RD. CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in Block 12 changed, or on an attachment with an address, with all other like empowered.

01-27-01