

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002769

1. Entity Name
DEE DEE LANGLEY, INC.

Principal Place of Business

700 ALMOND ST
CLERMONT FL 34711

Mailing Address

700 ALMOND ST
CLERMONT FL 34711

2. Principal Place of Business

700 Almond St.

Suite, Apt. #, etc.

3. Mailing Address

700 Almond ST.

Suite, Apt. #, etc.

City & State

Clermont FL.

City & State

Clermont FL.

4. FEI Number

59-3615572

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

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

LANGLEY, DEE DEE
700 ALMOND ST
CLERMONT FL 34711

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 Dee Dee Langley
Signature, typed or printed name of registered agent and title if applicable.

DEE DEE LANGLEY
(NOTE: Registered Agent signature required when reinstating)

4/25/01
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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS LANGLEY, DEE DEE
CITY-ST-ZIP P O BOX 120188
CLERMONT FL 34711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: Dee Dee Langley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90051 023 ***150.00

00044029



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)