FILED

#2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # P0000054064** CARL D. LANGSTON, JR., INC. 04-12-2001 90067 046 ***158.75 Principal Place of Business Mailing Address 733 CESERY BOULEVARD 733 CESERY BOULEVARD JACKSONVILLE FL 32211 00034905 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address 773 CESERY 773 CESERY BLVD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3650084 TACKSONVILLE JACKSONVILLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired DUVAL カレレAL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C. HOLT SMITH, III Street Address (P.O. Box Number is Not Acceptable) 233 EAST BAY STREET SUITE 930 JACKSONVILLE FL 32202 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 _ 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE LANGSTON, CARL D JR. NAME NAME 773 CESERY BLUD. 733 CESERY BOULEVARD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32211 CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP ☐ Delete LANGSTON, BETSY NAME NAME MM3 CESERY BLUD. 733 CESERY BOULEVARD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 CITY-ST-ZIP CITY-ST-ZIP Delete . .. Change___ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ARL D. LANGSTON TR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q-9-2001

904-724-8404

Daytime Phone #