

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92205 016 ***150.00

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DOCUMENT # P00000116014

1. Entity Name
PATRICK M. LANGE, INC.



Principal Place of Business
~~207 E MAGNOLIA ST. STE A~~
ARCADIA FL 34266

Mailing Address
~~207 E MAGNOLIA ST. STE A~~
ARCADIA FL 34266



2. Principal Place of Business
105 West Magnolia St.

3. Mailing Address
2801 FRUITVILLE Rd. #135

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Arcadia

City & State
SARASOTA FL

Zip FL 34266 **Country** USA

Zip 34237 **Country** USA

4. FEI Number 65-1063631

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~LANGE, PATRICK M~~
~~207 E MAGNOLIA ST. STE A~~
~~ARCADIA FL 34266~~

7. Name and Address of New Registered Agent

Name Robert Wenzel

Street Address (P.O. Box Number is Not Acceptable)
2801 FRUITVILLE Rd. #135

City Sarasota FL **FL** **Zip Code** 34237

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert Wenzel **DATE** 4-30-03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME LANGE, PATRICK M	
STREET ADDRESS 207 EAST MAGNOLIA STREET	
CITY-ST-ZIP ARCADIA FL 34266	
TITLE VP	<input type="checkbox"/> Delete
NAME LANGE, JENNIFER A	
STREET ADDRESS 207 EAST MAGNOLIA STREET	
CITY-ST-ZIP ARCADIA FL 34266	
TITLE D	<input type="checkbox"/> Delete
NAME Robert Wenzel	
STREET ADDRESS 2801 FRUITVILLE Rd. #135	
CITY-ST-ZIP Sarasota FL 34237	<input type="checkbox"/> Delete
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 105 West Magnolia St.	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 105 West Magnolia St.	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Wenzel **DATE** 4-30-03 **Daytime Phone #** 941-953-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)