

# 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

0565735 AV

**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.

Suite, Apt. #, etc.

**City & State**

ARCADIA

**City & State**

SARASOTA FL

**4. FEI Number**

65-1063631

**Applied For**

Not Applicable

**Zip**

FL 34266 USA

**Zip**

34237

**Country**

USA

**5. Certificate of Status Desired**

☐ \$8.75. Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

**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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4-30-03

**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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	105 West Magnolia St.	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	105 West Magnolia St.	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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

4-30-03

941-953-7771

**Date**

**Daytime Phone #**

CR2E034 (10/02)