

**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90045 037 ***150.00

DOCUMENT # **PD1000037694**

1. Entity Name

Lange Sun Country Homes, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5900 Hwy. 17-92
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1302
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Alfred, FL
Zip **33850** Country **USA**

City & State

Lake Alfred, FL
Zip **33850** Country **USA**

4. FEI Number

59-3717862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **McLean, Douglas A.**
Street Address (P.O. Box Number is Not Acceptable)

300 N. Circle
City **Selving** FL Zip Code **33870**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **P.S.D.**
NAME **Miller, Lynn R.**
STREET ADDRESS **5900 Hwy. 17-92**
CITY-ST-ZIP **Lake Alfred, FL 33850**

TITLE **U.P.T.**
NAME **Miller, Carolyn**
STREET ADDRESS **5900 Hwy. 17-92**
CITY-ST-ZIP **Lake Alfred, FL 33850**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2004 (863) 956-1460
Date