

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077958

1. Entity Name

LANGLEY INVESTMENTS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90046 033 ***550.00

Principal Place of Business

800 LOMAR STREET
 #119
 JACKSONVILLE FL 32202
 US

Mailing Address

P.O. BOX 1556
 JACKSONVILLE FL 32201
 US

2. Principal Place of Business

2160 Park Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

City & State

Jacksonville, FL

City & State

Zip

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3274268

Applied For

Not Applicable

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

STEVENS, PAUL

800 LAMAR STREET

#119

JACKSONVILLE FL 32204

Name

Paul Stevens

Street Address (P.O. Box Number is Not Acceptable)

2160 Park Street

Suite 3

City

Jacksonville

FL

Zip Code

32204

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
 NAME BENJAMIN, ROBERT W
 STREET ADDRESS 844 PINE MEADOW COVE
 CITY-ST-ZIP JACKSONVILLE FL 32221-1547

☒ Delete

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

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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: *Paul Stevens*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00 904-387-0800
 Date Daytime Phone #

CR2E034 (5/00)