

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 02, 2001 08:00 AM****Secretary of State****DOCUMENT # P94000077958**1. Entity Name  
**LANGLEY INVESTMENTS, INC.**Principal Place of Business  
2160 PARK STREET  
SUITE 8  
JACKSONVILLE FL 32204  
USMailing Address  
P.O. BOX 1556  
JACKSONVILLE FL 32201  
US2. Principal Place of Business  
800 LOMAX STREET

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 119

Suite, Apt. #, etc.

City & State  
JACKSONVILLE FL

City &amp; State

Zip Country  
32204 US

Zip Country

4. FEI Number  
**59-3274268**Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****STEVENS PAUL**  
2160 PARK STREET  
SUITE 3  
JACKSONVILLE FL 32204**7. Name and Address of New Registered Agent**Name  
**STEVENS PAUL**  
Street Address (P.O. Box Number is Not Acceptable)  
**800 LOMAX STREET**  
SUITE 119  
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 \_\_\_\_\_ **07/02/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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 R. STEVENS****PRES 07/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)