

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an
Secretary of State

02-08-2000 90056 039 ***150.00

DOCUMENT # P94000081351

1. Entity Name

LANG CAPITAL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

14061 90TH AVE., N
SEMINOLE FL 33776
US

14061 90TH AVE., N
SEMINOLE FL 33776-2018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

C/O CAROL LANG

233 HARTFORD TPK.

HAMDEN CT ~~06517~~

06517

USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1360969

Applied
Not App

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 may
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LANG, JOHN
STREET ADDRESS 14061 90TH AVE., N
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE V
NAME LANG, CAROL
STREET ADDRESS 14061 90TH AVE., N
CITY-ST-ZIP SEMINOLE FL 33776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 233 HARTFORD TURNPIKE
CITY-ST-ZIP HAMDEN, CT 06517 ☒ Change ☐

TITLE
NAME
STREET ADDRESS 233 HARTFORD TURNPIKE
CITY-ST-ZIP HAMDEN, CT 06517 ☒ Change ☐

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

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

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

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

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

SIGNATURE:

Carol Lang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 (203) 287-75
Date Daytime Phone *