

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91791 039 ***150.00

0200210 AV

DOCUMENT # P98000009800

1. Entity Name
THE LANGLEY RESOURCE GROUP, INC.



Principal Place of Business
**350 E LAS OLAS BLVD.
SUITE 1220
FORT LAUDERDALE FL 33301
US**

Mailing Address
**1865 NW 124TH WAY
CORAL SPRINGS FL 33071
US**



2. Principal Place of Business

3. Mailing Address

350 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1220

City & State

City & State

FORT LAUDERDALE, FL

Zip

Country

Zip

Country

33301

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0809450

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

**BARNES, JOSEPH
2929 EAST COMMERCIAL BLVD SUITE 409
FORT LAUDERDALE FL 33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LANGLEY, F. MICHAEL**
STREET ADDRESS **1865 NW 124TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D/P/S** ☒ Change ☐ Addition
NAME **LANGLEY, F. MICHAEL**
STREET ADDRESS **1111 PONCE DE LEON DR.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **D** ☒ Delete
NAME **MEINHARDT, MEL J.**
STREET ADDRESS **21566 EUCALYPTUS WAY**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
F. MICHAEL LANGLEY *April 13, 2003* (954) 527 5262

Date

Daytime Phone #

CR2E034 (10/02)