2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P98000040084  1. Entity Name LANGE INDUSTRIES, INC.					FILED Apr 09, 2001 08:00 AM Secretary of State			
Principal Plac	re of Business DRE DRIVE EAST	Mailing Address						
PALM HARBO 34684	DR FL	PALM HARBOR 34684	FL					
2. Principal P	lace of Business	3. Mailing Address 2441 CHANNING CIRCLE						-
Suite, Apt.		Suite, Apt. #, etc.			C	O NOT WRITE IN	THIS SPACE	_
City & State		City & State CLEARWATER	FL		FEI Number 9-3510374			Applied For Not Applicable
Zip 33764	Country	Zip 33764	Country	5.	Certificate of Stat	us Desired	\$8.75 A	
	6. Name and Address of Curre	nt Registered Agent		7. 1	Name and Addre	ss of New Regis	tered Agent	
LANGE	PAMELA A	,	Name LANGE	PAMI	ELA AV,S			
	SHORE DRIVE EAST	FL	Street Ad		Box Number is No	t Acceptable)		
34684	BOK .	FL	City CLEARV	VATER		<del></del>	FL Zip C	
8. The above	named entity submits this statement	for the purpose of changing its re			ent, or both, in th	e State of Florida	3376	
SIGNATURE .	PAMELA A. LANG Signature, typed or printed name of registered ap	<b>E</b> -					<u>4/09/2001</u>	
	organizative, typed or printed name or registered agr	ent and title if applicable. (NO1E:	Registered Agent signatu	re required when re	einstating)	·	DATE	<u>-</u>
Tax filing r	oration is eligible to satisfy its Intangii requirement and elects to do so. ria on back)	After MAY 1, 200		50.00		Campaign Financi d Contribution.	Ψ.	.00 May Be ded to Fees
11.	OFFICERS AN	ID DIRECTORS	12.	AD	DITIONS/CHAN	GES TO OFFICER	RS AND DIRECTO	DRS IN 11
TITLE NAME	CT LANGE WARREN A	☐ Delete	TITLE NAME	PT LANGE	WARREN	AP,T	<b>™</b> Chang	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	115 LAKESHORE DR E PALM HARBOR	FL 34684	STREET ADDRESS CITY-ST-ZIP	2441 CHAN CLEARWA	INING CIRCLE TER		FL 33764	
TITLE NAME	PS LANGE PAMELA A	☐ Delete	TITLE NAME	VS LANGE	PAMELA	AV,S	X Chang	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	115 LAKESHORE DR E PALM HARBOR	FL 34684	STREET ADDRESS CITY-ST-ZIP	2441 CHAN CLEARWA	NING CIRCLE TER		FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		_	☐ Chang	e
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	
of the cor	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	t is true and accurate and that my powered to execute this report a	v signafilire shall hi	ava tha coma	ional attact as if s	mada undar anthi	that I am an affic	or or director
SIGNAT		GE R PRINTED NAME OF SIGNING OFFICER OF	R DIRECTOR	<u> </u>		09/2001	Daytime Phone	<del></del>

Daytime Phone #