

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90208 039 ***158.75

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1. Entity Name

SOPHIA E. LANGLEY, ATTORNEY AT LAW, P.A.



Principal Place of Business

**700 ALMOND ST
CLERMONT FL 34711**

Mailing Address

**P O BOX 121647
CLERMONT FL 34712**

2. Principal Place of Business

10239 Thompson Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLERMONT FL

Zip

34711

6. Name and Address of Current Registered Agent

**LANGLEY, SOPHIA E
700 ALMOND ST
CLERMONT FL 34711**

4. FEI Number

59-3562833

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

Sophia E. Langley

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

10239 Thompson Place

City

CLERMONT

FL

Zip Code

34711

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

Sophia E. Langley
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-03

**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

TITLE **PVTS** ☐ Delete
NAME **LANGLEY, SOPHIA E**
STREET ADDRESS **700 ALMOND ST**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☒ Change ☐ Addition
NAME **Langley, Sophia E.** address only
STREET ADDRESS **10239 Thompson Place**
CITY-ST-ZIP **CLERMONT, FL 34711**

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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

(321) 689-4787

Date

Daytime Phone #

CR2E034 (10/02)