

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90451 011 ***150.00

DOCUMENT # P98000069495

1. Entity Name

THE LANGTON GROUP, INC.

Principal Place of Business

**1998 TRADE CTR WAY
UNIT 1
NAPLES FL 34109**

Mailing Address

**1998 TRADE CTR WAY
UNIT 1
NAPLES FL 34109**

2. Principal Place of Business

612 98th Ave N.

Suite, Apt. #, etc.

3. Mailing Address

612 98th Ave N.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3525492

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SZEMPRUCH, DAVID J
5100 N. TAMiami TRAIL
SUITE 201
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **John I. Middaugh**
Street Address (P.O. Box Number is Not Acceptable) **4100 Corporate Square Suite 152**
City **Naples, FL** Zip Code **FL 34104**

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | LANGTON, NANCY | |
| STREET ADDRESS | 1862 MISSION DRIVE | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2271 28th Ave S.E. | |
| CITY-ST-ZIP | Naples, FL 34117 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE REQUIRE Nancy A. Langton

941-593-3312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-2-02

Daytime Phone #

CR2E034 (9/01)