

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000007843**

Entity Name
LANGUAGES EXPERIENCE, INC.

Principal Place of Business

**NW 76TH AVENUE
PLANTATION FL 33324**

Mailing Address

**P O BOX 17403
PLANTATION FL 33318**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAX FILED **YEAR 2003**
03 MAY 19 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI-Number

65-0887342

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

Name

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

City

FL

Zip Code

**SAVIN, ROGER E
100 NW 76TH AVENUE
PLANTATION FL 33324**

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME STREET ADDRESS CITY-STATE-ZIP	D SAVIN, ROGER E 100 NW 76TH AVENUE PLANTATION FL 33324	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 700020053807 05/29/03--01001--015 **150.00
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (9/01)

attachment

Attention: division of corporation

P99000007843

Reference : DOCUMENT#: **P99000007843**
LANGUAGES EXPERIENCE, INC.

TO WHOM IT MAY CONCERN:

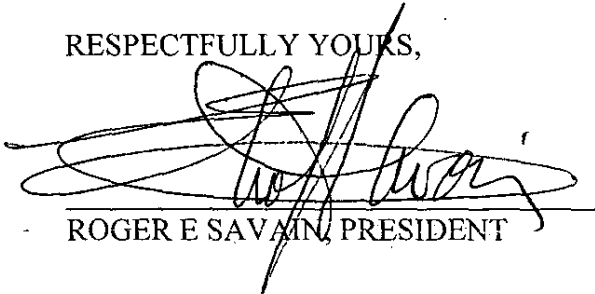
PLEASE NOTE THAT I DID NOT RECEIVE AN ORIGINAL COPY OF MY ANNUAL REPORT FOR THIS YEAR.

PARDON ME , IF I DID NOT WRITE TO YOUR OFFICE AT AN EARLIER TIME.

I AM AN 80 YEAR~~8~~ MEN TRYING TO KEEP UP WITH MY CORPORATION PAPER WORKS. IT IS EASIER FOR ME TO FORGET, IF I DO NOT RECEIVE YOUR REPORT.

PLEASE ACCEPT MY PAYMENT OF \$150.00 TO KEEP MY CORPORATION ACTIVE

RESPECTFULLY YOURS,



ROGER E SAVAIN, PRESIDENT