

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000015037

1. Entity Name

LANG STAFFING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

04-12-2000 90035 027 ***150.00

Principal Place of Business

Mailing Address

2601 44TH STREET NORTH
ST. PETERSBURG FL 337132601 44TH STREET NORTH
ST. PETERSBURG FL 33713-3228

2. Principal Place of Business

3. Mailing Address

HOME / SAME

2601 44TH ST. NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33713

USA

4. FEI Number

Applied For

Not Applicable

59-3560971

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

LANGSTAFF, DAVID
 2601 44TH STREET NORTH
 ST. PETERSBURG FL 33713

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT
 DAVID A. LANGSTAFF
 2601 44TH ST. NORTH
 ST. PETERSBURG, FL 33713

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change☐ Addition

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☐ Change☐ Addition

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:

DAVID A. LANGSTAFF

Date

4/5/00 727-521-9810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)